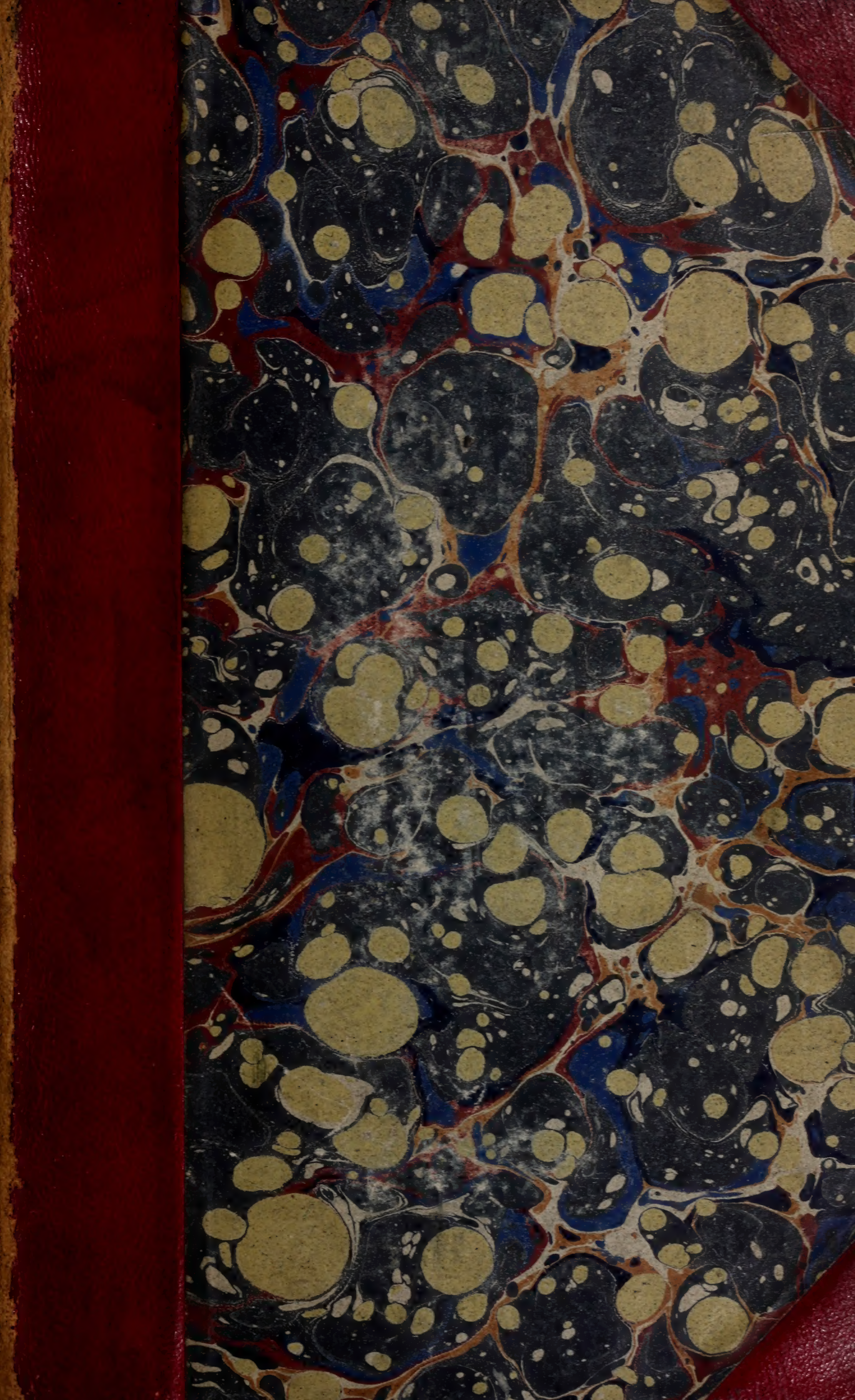

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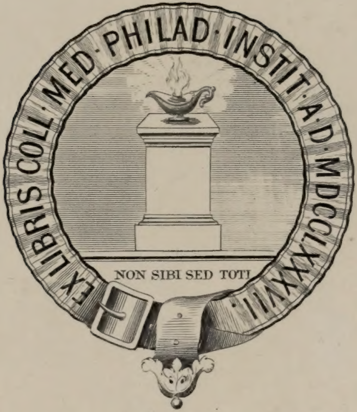

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NEW ORLEANS

Medical News and Hospital Gazette:

A MONTHLY JOURNAL,

EDITED BY

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MEDICAL NEWS AND HOSPITAL GAZETTE.

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REMARKS ON THE TREATMENT OF CROUP,

By Edward Jenner Coxe, M. D., Visiting Physician, Charity Hospital, New Orleans.

The following remarks on the treatment of croup have been suggested by the perusal, in the last number of this journal, of the remarks of Dr. C. M. Jones, on the early performance of tracheotomy in croup. Dissenting entirely from his opinion as to the propriety or necessity of such an operation for the successful treatment of croup—a disease which, as far as my experience extends over a number of years, in persons of all ages, has proved perfectly amenable to the course of treatment about to be noticed—I cannot doubt that the importance, frequency and known fatality of the disease, will be an ample apology, if any be needed, for their appearance.

That croup should always be regarded as an extremely dangerous disease, often most rapid in progress and frequently fatal, no one will question who has had an opportunity of treating many cases; and, while regarding it in that light, I must demur to the propriety or necessity of considering croup, even when disposed to assume the membranous form, as a disease which ought to prove as frequently fatal as, unfortunately, statistics prove it to be. It appears a reasonable conclusion, that Dr. Jones must regard croup as a most unmanagable disease, or he would not so strenuously coincide with the eminent Trousseau in recommending such an operation as a remedy to be brought in at an early stage, for the purpose of effecting a cure, had his success in treating that disease by the more usual remedies, been equal to his desire and exertions. Until recently, this operation has been looked upon by the majority of the profession, as one only to be undertaken as a last resource and forlorn hope; and may it not be truly asserted that such is still the firm belief of those most conversant with croup in this

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country. It will be my effort to show, and perhaps prove, that by adopting, at the commencement of an attack, an energetic plan of treatment, calculated to fulfil the prominent indication, inflammation, thereby arresting its further progress, this disease may be regarded as eminently curable, and rendering the consideration, even of a resort to the operation of tracheotomy, rarely, if ever, necessary.

As far as I am concerned, I have a firm belief of the fact that we do possess ample means for the cure of croup, provided the treatment considered appropriate be at once instituted, vigorously carried out without intermission on the part of the physician, until the disease shall have been overcome; for I know no disease requiring more unremitting attention—a few hours at times being sufficient to decide the issue of life or death. The cause of this disease having a natural tendency to result in the formation of a false membrane, our main efforts are required to obviate that dangerous condition, which can only be accomplished by subduing this cause.

Without adverting to the different varieties into which croup has been divided, I am of opinion that, practically, much greater success would be attained in the treatment, were we to regard the well known symptoms, however varying in degree and violence, as the result of one cause, inflammation. What is croup? Croup is a positive inflammation of the mucous membrane of the trachea or larynx, or both conjoined, and frequently extending to that of the bronchi.

When implicating, more or less violently, the larynx, the symptoms are always of the most dangerous character. In addition to the inflammation, there can be no question of the existence, in many cases, of spasm of the muscles, necessarily increasing the danger. Now if, by appropriate treatment, we can subdue and remove the inflammation at the earliest stage, do we not equally control the spasmodic condition, and render the formation of the false membrane almost, if not altogether, an impossibility.

In proportion as we succeed in accomplishing the above, in the same degree do we prevent or remove the difficulty of inspiration, the lividness of face and the cerebral symptoms, all resulting, in great measure, from an imperfect aeration of the blood sent to the brain.

The opinion is entertained by all writers on croup, that at the commencement of an attack, it is impossible to foretell what may be the character or severity of the disease; and in accordance with this belief, is it not the part of wisdom and safety to assume that in every case, however apparently mild, the inflammation will steadily increase, and that ere long there may be presented the most alarming symptoms, which, if not arrested by the most active treatment, it may not be in our power to prevent the formation of the false membrane, which, when once existing, the probability of averting the fatal issue will be small indeed, even should the operation of tracheotomy be resorted to.

With a firm belief in the correctness of the views expressed, it has been my rule, when called to a case of croup, to act strictly in accordance with them; and although to some the large doses of active medicine I am accustomed to employ may not meet their views of safety, I must be permitted to say that in no one instance, in children, has there occurred a single unpleasant symptom as the result of the medicine or the dose, and still further, that the remedies used, in such doses as the severity of the symptoms demanded, have enabled me to assert, without the fear of contradiction, that out of nearly two hundred cases treated during the last thirty years, but one terminated fatally. Is there any reason why similar success should not reward the exertions of others who may act upon the same principles, and pursue the same course? Detail of treatment in next number.

REPORT OF CASES, WITH REMARKS:

By C. Beard, M. D.

On the 10th of November, I was called to see Mrs. T., of Texas, complaining of loss of sight and pain in the right eye. The lady is about twenty-five years of age, in robust health—has never had any catamenial derangement, and is the mother of three children. Soon after the birth of her last child, now a year ago, she noticed some dimness of vision in the right eye, to which at first she gave but little attention, but as it soon increased, and was accompanied with supra-orbital pain, she sought medical advice. Leeches to the temple, with strychnine in minute doses, produced relief for some time, but the affection returned, and she then consulted me.

Upon examination, I found the patient affected with the following symptoms:—Conjunctiva slightly injected, only to be noticed by comparison with healthy eye; vessels of sclerotic somewhat congested near the cornea; iris natural in appearance with the exception of a discoloration near its pupillary margin. The pupil presented the usual black appearance of health, but its movements were unnatural, being sluggish, with a tendency to contract abnormally when turned to a bright light. The patient complained of considerable supra-orbital pain of a neuralgic character located about the point of exit of the frontal nerve. She was constipated, and her tongue was slightly furred; this last symptom had been of but few days standing. Her vision was so much impaired that she could not recognize her friends with the affected eye, and she complained of a perpetual fog or mist which obscured her sight. She had noticed not long previous to my seeing her, brilliant flashes of light, and, as she described them, falling stars, these phenomena occurred generally in the morning.

The symptoms of congestion were so marked in this patient, that I was almost inclined to suspect the existence of a beginning iritis with propagation of congestion to the adjoining membranes, but the absence of lachrymation, and with the exception mentioned of all discoloration of the iris, the want of the characteristic dull pain, and the length of time the disease had existed without producing any of the usual visible signs of iritis, forbade the entertainment of this idea, and I was almost forced to the conclusion that I had to do with a case of congestive amblyopia carried to a high degree.

The plan of treatment to be pursued was evident—I had to do with a case of chronic congestion—and an antiphlogistic course was indicated.

I ordered that my patient should be purged freely every other day with the compound cathartic pill—had a blister applied to the right temple, to be kept open with the savine ointment, and used a solution of aconitine to relieve the supra orbital pain, the fluid being applied over the region of the frontal nerve once or twice per day. The pupil was dilated with atropine twice during the course of the treatment, and was found to be invariably circular, and of the usual black appearance. The treatment was persevered in for fifteen days, at the end of which time the patient was discharged entirely relieved. She could read the smallest print, and the pain had disappeared.

Case 2nd.—The following case resembles somewhat that reported above, differing principally in the greater gravity of the symptoms and the duration of the disease.

About the 20th of December last, the negro man L., was placed in my charge for treatment, by Dr. H., of Miss.

I found the patient suffering with photophobia to such a degree that it was impossible to make a satisfactory examination; he was also affected with profuse lachrymation and supra orbital pain, these symptoms had existed for some months. He was ordered to be well purged, and cups were freely applied to the temple; after a few days the painful symptoms abated and I was enabled to examine his eye.

I found slight congestion of the conjunctiva; the cornea and sclerotic looking healthy; the iris was discolored at its pupillary margin, the remainder of the membrane looking natural; the pupil responded partially to the action of light, but its movements were sluggish, with a tendency to remain permanently contracted; when dilated with atropine it was circular and of the usual black color. The supra orbital pain was very severe, and extended over the top of the head. The man was almost blind, and had been so for nearly two years. The left eye was entirely lost, having undergone suppurative inflammation some years previous.

The patient was placed upon the use of mercury until its constitutional effects were manifested; he was cupped four or five times, and purged freely every three days; his diet was reduced, and he was ordered to keep in the dark as much as possible; at the end of three weeks he was discharged, cured, having recovered his sight to such a degree as to be able to see the second-hand on a small watch.

Case 3d.—A. G., a stout German, was admitted into the Eye Wards, Charity Hospital, under my charge, in 1856. His history as far as could be ascertained was as follows:—Some three years previous he had had a chancre, which became indurated, was followed by engorgement of the inguinal glands, and at about the same time by roseola syphilitica, falling of hair, and induration of the cervical glands; in fact, his case was one of well marked secondary syphilis, and to render the chain of symptoms complete, an inflammation of the eyes, evidently syphilitic iritis, took place about six months subsequent to the primary symptoms. The affection of the eyes was not recognised by the physician who treated him. The slight conjunctivitis which usually accompanies iritis of this kind, was all that attracted his attention, and while this was industriously combatted with eye washes, the iritis went on, closure of both pupils took place, with adhesions to the capsule of the lens in each eye. When I first saw the patient he had been blind for over two years, his sight having gradually diminished until its extinction at that time. Both his eyes presented much the same appearance. In each the conjunctiva was somewhat discolored with enlargement of the vessels; the sclerotic congested, particularly near the cornea. In the right eye, at the upper and anterior portion of the sclerotic, there was a deep blue tinge, indicative of pre-existing grave inflammation of the internal and anterior part of the eye. The iris was of that dirty gray color observable after long continued inflammation, and presented a concavity forwards. The pupils were contracted down to less than half a line in diameter, and firmly adherent by their inner margins to the capsules, rendered opaque as far as could be seen, by inflammation and deposits of lymph. He could barely distinguish light from darkness.

The case was one in which nothing was to be expected from medical treatment; the only hope for relief was in an operation.

I at first thought it possible to sever the adhesions existing between the posterior surface of the iris and the lens, by means of a slender knife introduced behind the cornea, as in the operation of depression in cataract, the lens to be depressed by a subsequent operation; but the impossibility of determining to what extent the iris might be adherent, and the well known tenacity of such adhesions, led me to abandon the idea, and fall back upon the only resource left: the formation of an artificial pupil. This operation was accordingly performed in the right eye. The operation chosen being that by separation of the periphery of the iris from its ciliary attachments, or Irido-dialisis. I preferred this method of operating in this case for the following reasons:—1st. It is the least difficult, and its results are as favorable as from any other method. 2d. The iris is torn from its attachments instead of being cut, and hemorrhage is not so likely to occur. 3d. The opacity of the capsule is usually confined to the central portion, in which case it is found transparent at or near its periphery, where it was proposed to form the pupil.

The patient was operated on while under the influence of chloroform. During the operation, and contrary to my former experience in similar cases, a most violent hemorrhage occurred, the moment the iris was separated from its ciliary attachments. The anterior and posterior chambers were almost immediately filled with blood, entirely obscuring the iris and preventing me from seeing whether or not the pupil had been properly formed. In withdrawing the hook with which the iris had been detached, a small portion was left fastened between the lips of the corneal incision. The patient on recovering from the effects of chloroform complained of much pain and a feeling of tension about the globe. He was put to bed and active antiphilogistic treatment resorted to, while ice was ordered to be kept to the eye for the first twenty-four hours succeeding the operation. The pain soon subsided, no inflammatory action occurred, and at the end of a week he was allowed to rise from his bed. The effusion of blood still existed, and was not entirely absorbed for four months. At the end of this time the iris had regained its former appearance and a well formed triangular black pupil could be seen at the inner margin of the iris, but the patient's sight was not improved. I attribute this either to some affection of the posterior portions of the eye, probably to lymph effused upon the retina or between the choroid and retina, the result of the inflammation before the operation, or to some species of amaurotic affection, the exact nature of which it is impossible to determine. The effusion of blood during the operation, usually of rare occurrence, was due probably to enlargement of the branches of the cilliary arteries supplying the iris, from long standing congestion.

I operated in the same manner on the other eye several months subsequent to the first operation. On this occasion also a considerable quantity of blood was effused, probably owing to the same cause, but no serious consequences ensued. The patient was out of bed in seven days, and at the end of a month, the blood being absorbed, a well formed pupil situated internally could be seen, which enables the patient to see the largest sized type and walk about unaided.

The pupil is smaller than could be desired, this might be remedied by another operation.

Case 4th.—On the first of December last, Mrs. B., of Mississippi, was placed under my charge to be treated for an affection of her eyes. Her history was as follows:—In August last an epidemic of purulent ophthalmia prevailed in the neighborhood in which she resides. The disease seems to have been exceedingly obstinate in its nature, and resulted in many cases in complete suppuration of the globe. Mrs. B., her husband, and two of her children became affected; the husband and one of the children got well, the other child lost both eyes, and she recovered with one eye, only enough to distinguish light from darkness. The sight of the other was lost entirely.

When I saw her, the condition of the right eye was as follows:—The conjunctiva was of a dirty yellowish tinge and somewhat congested, its palpebral portion presented several cicatrices when the lids were everted, probably the results of the application of caustic substances during the treatment of the inflammation. The cornea was very much flattened, irregularly marked with depressions from pre-existing ulcerations, and completely leucomatous throughout four-fifths of its extent. A large part of the iris was entirely adherent to the posterior portion of the cornea; fortunately, the part which remained free, corresponded to that portion of the cornea left most transparent and least injured by the inflammation. The anterior chamber, as may be supposed, was reduced in size, probably to one-sixth of its normal capacity. The inner part of the cornea near its circumference was that least injured by the lymph deposits.

The case was one which offered but few inducements to operate. The only hope of affording relief was in the formation of an artificial pupil to correspond with the most transparent part of the cornea, and the difficulties which the case presented did not permit me to promise any very favorable result even from this. The patient, however, was willing to be operated on, no matter what the result might be, and a dav was accordingly fixed.

I operated on the 8th of December, assisted by Drs. Fenner and Clapp. The patient was placed on a low bed, in the middle of the room, in a good light, and brought under the influence of chloroform. The lids being separated and held apart, a vertical incision about a line in length was made in the cornea at the point of junction of the opaque with the transparent portion. The incision, made with a narrow cataract knife, was directed obliquely through the laminæ of the cornea, in order to prevent as far as possible an escape of aqueous humor. A fine steel hook was then introduced through the corneal wound until it reached the periphery of the iris, which was there caught at its cilliary border and carefully detatched; traction being now made, the portion entangled in the hook was gradually drawn through the opening and cut off with the scissors. The black, newly formed pupil, could be seen immediately after the operation, but soon became obscured, from the extravasation of a small quantity of blood, which rendered the aqueous humor turbid. The patient experienced no ill effects from the chloroform, and suffered no pain during the operation.

The eye lids were brought together after the operation, and kept closed by means of court plaster cut in thin strips and placed crosswise over them. The patient was removed to bed, a full anodyne administered, and iced applications were ordered to be made to the eye for the first twenty-four hours succeeding the operation. The following morning some slight tumefaction of the edges of the lids and supra orbital pain gave warning of the commencement of inflammation. Small doses of calomel were ordered with a view to its specific effect, with frictions of mercurial ointment and belladonna to the orbit, and a blister was applied to the temple. The signs of inflammation disappeared in forty-eight hours, and in five days after the operation the patient was permitted to rise from bed.

On examination at this time the pupil could be seen, but its limits not well defined, as the blood effused had not then been completely absorbed; the patient was so much improved that she could see her fingers.

The case progressed favorably from this time forward—the sight improving daily as the absorption of blood went on, and the internal congestion diminished. The lady remained in the city a month after the operation, and at the time of leaving, her sight was sufficiently good to enable her to recognize faces, see large print, sew with neatness, distinguish colors, etc.

There still remains a slight cloudiness of the cornea opposite the pupil, which is made more evident since the operation; this will in all probability disappear in the course of time—a circumstance which will render the patient's vision almost perfect.

Case 5th.—Mary C. was admitted into the Charity Hospital in June, 1856, and placed in the female eye ward. Two years previous to this she had suffered from purulent ophthalmia, which resulted in supuration of the globe of one eye, and almost total loss of sight in the other. Her right eye presented the following appearance: Conjunctiva natural cornea somewhat conical, with a large opacity situated centrally, and continuing, though in a much diminished degree, towards its inner margin, and terminating near its internal periphery in transparent tissue. The pupil was displaced, drawn inward from the effects of inflammation, and closely adherent to the cornea, with the exception of an exceedingly small portion internally, which remained free, and barely permitted of the passage of a few rays of light; as the cornea through which the light passed at this point was partially opaque, the patient was only enabled to observe dimly the outline of large objects. The portion of cornea external to the opacity was perfectly transparent.

There was but one way of benefitting the patient: by the formation of an artificial pupil, and the operation was determined upon.

The point at which the pupil should be located was not so soon decided. The outer part of the cornea presenting, as it did, the largest portion of transparent tissue, and also of inadherent iris, was that at which an operation seemed to promise most success; but the fact that the patient saw a little at the inner margin of the opacity, where a part of the pupil remained unattached, and the fear of a conflict of vision if the pupil were made externally, induced me to operate at the inner portion of the cornea although its condition, as regards transparency, was not as favorable as could have been desired.

Circumstances prevented the operation until the October following the admittance of the patient into the hospital.

I was assisted by Mr. Morrison, student at Charity Hospital, and the operation was performed as follows: The patient having been brought under the influence of chloroform, an incision was made in the cornea with a narrow cataract knife, at about a line and a half from its inner circumference. Through this the fine iris forceps was introduced, the iris pinched up, drawn through the opening, and removed with the scissors. In doing this, the remains of the old and new pupil were blended together.

The patient recovered, with great difficulty, from the effects of the chloroform. Hers seemed to be one of those cases, happily rare, in which the effects of this agent were unsatisfactory. Although not more than one drachm was used, the most complete anæsthesia ensued, and the patient remained insensible for such a length of time as to create considerable alarm. The usual restoratives were resorted to, and she finally revived, after respiration had been suspended for nearly a minute.

The eye-lids being brought together, and retained in the manner above described, the patient was ordered an anodyne, with cold applications, to the eye.

A week after the operation, the patient was up in the ward; the new pupil, situated internally, was perfectly circular, and her sight so much improved that she could walk freely and boldly about the ward, and recognize faces. She was discharged from the hospital about a month after the operation.

The woman called upon me a few days since, when I had an opportunity of examining her eye.

There is still a very slight opacity situated in front of the pupil, but she sees quite enough to perform the usual household duties, and seems to be perfectly satisfied. It is probable that the slight degree of opacity which still remains in the cornea over a portion of the pupil, will disappear by absorption in the course of time.

In each of the three cases last cited, the new pupil was formed at the inner portion of the iris—a position which authors agree as being the most favorable for vision, when a central pupil, or one near the centre, cannot be made. This circumstance, however, was entirely independent of the will of the operator, as the lesions rendering the operations necessary were the only guides to its localization.

Such, in fact, is nearly always the case; it is rare that an eye requiring this operation is in such a condition as to admit of the formation of a pupil at any given point, and all the operator need seek to accomplish is to place the pupil between transparent cornea in front, and the lens behind. It makes but little difference, notwithstanding all that has been written on the subject, whether the pupil be situated internally, externally, or inferiorly, for in any of these cases, if it be well-formed, and the eye otherwise healthy, a certain degree of strabismus ensues in a few months, which gives the axis of the new pupil nearly, if not quite, the same direction as that of the pupil in health; should this instinctive change in the axis of the eye not take place to a sufficient degree to place the new pupil in a favorable position for correct vision, division of the opposing muscle, as in the operation for strabismus, may be resorted to, and the pupil made to assume the direction required.

ON CERTAIN FORMS OF DISEASE OF THE URINARY ORGANS.

By I. L. Crawcour, M. D., Professor of Chemistry and Medical Jurisprudence, New Orleans School of Medicine, etc., etc.

Few diseases which come under the notice of the surgeon, are as embarrassing to himself, and as annoying to the patient, as certain anomalous affections of the urinary organs, and especially those which implicate the prostate gland and the prostatic portion of the urethea. To speak axiomically, what the diseased uterus is to the female, the diseased prostate is to the male—and we shall frequently find, that each symptom or sensation in the one, has its exact parallel in the other. A great deal of the confusion which has crept into our diagnosis and treatment of prostatic disease, is the result of our too blindly following the dictum of the elder surgeons, and considering that enlargement or hypertrophy of the prostate is peculiar to old age, and cannot exist under the age of fifty, and that it is then a natural occurrence—"when the hair becomes grey and scanty," says Brodie, "when specks of earthy matter become deposited in the tunics of the arteries, and when a white zone is formed at the margin of the cornea, at this same period the prostate gland usually, I might perhaps say invariably becomes increased in size; this change in the condition of the prostate takes place slowly and at first imperceptibly, and the term chronic enlargement, is not improperly employed to distinguish it from the inflammatory attacks to which the prostate is liable ia earlier life." With all due respect to the distinguished authority, whom I have quoted, 1 must observe, that I have now seen a large number of cases, in which the prostate has been chronically enlarged, and that the majority have occurred in persons under the age of forty. The fact is, that we take up this preconceived notion of senile hypertrophy and refuse even to look for disease in persons of younger age. A remarkable case in point occurred to me a few years ago. A gentleman called on me, and from the symptoms he detailed, I was led to the belief that he had enlargement of the prostate. I stated my opinion, and suggested an examination. The patient said, that could not be the case, as he had just returned from Paris, whither he had been to place himself under the care of M. Civiale, who had assured him, no such disease existed. I asked if Civiale had made an examination. He replied, no; he had informed him he was too young, (thirty-five years,) that enlarged prostate could not occur at his age. I made an examination per rectum, and found the prostate enormously hypertrophied and engorged. I shall subsequently refer to this case. I simply, now, mention it, to show how necessary it is, to discard sometimes the influence of authority and judge for ourselves, what is presented to us.

The symptoms which are complained of by patients, are so manifold and various, sometimes very slight in aggravated forms of the disease, and sometimes intense, in milder varieties, that we should in every instance make a tactile examination, so as to arrive at some definite notion of the form, size, softness, or hardness, and tenderness of the gland. I prefer, in most cases the examination per rectum, as it is less subject to fallacy than the examination by the urethra, although the latter, should where possible, be combined with it, as we obtain important information with regard to the prostatic portion of the urethra, disease of which not unfrequently supervenes upon disease of the gland itself. The symptoms which usually characterize simple enlargement of the prostate when dependent on old age, are a frequency in the desire to urinate, coupled with passage of but a small quantity at a time, the patient sometimes, by having an inclination to pass water every hour; at the conclusion of urination, there is a sharp, acute pain, sometimes extending up the hypogastrium; sometimes in the perinæum, when it is then usually of a throbbing character and occasionally in the penis, frequently with the last few drops of urine, there passes a milky white secretion, at other times, one of an albuminous appearance; this examined under the microscope, is found to consist of mucous globules, mixed with a number of round translucent bodies, which seem to be the proper secretion of the gland. There is a sense of weight and uneasiness in the rectum, as if hardened fæces were present in it—sometimes a constant expulsive desire—pain of a dull, aching character in the lower part of the sacrum, sometimes propagated to the inner side of the thighs, and a sense of general weariness and inaptitude for intellectual or bodily exercise. If we direct the patient's attention to the fact, we shall find, that after the passage of his fæces, there will exude from the urethra, a few drops, sometimes a tea-spoonful of a glairy mucus, which is sometimes milky and tenacious, at other times resembling the white of an egg, and which under the microscope, presents the appearance above described, with the occasional addition of a few spermatozoids. If we question the patient closely we shall find that the venereal appetite has diminished, that emission frequently takes place at the instant of coitus, and is rarely satisfactory—that sometimes a dull burning pain will occur referred to the prostatic portion of the urethra, and sometimes a gleety discharge will persist for a few days; coupled with these, we occasionally find, varicocele and other symptoms of a relaxed condition of the urino-genital apparatus. If we examine the patient per rectum, the finger will readily detect the enlarged gland—it occasionally rises above the height to which the forefinger can reach, but by rotating the finger from side to side, we shall get a tolerable idea of the amount of enlargement. If the gland is simply engorged, the sensation will resemble an incomplete fluctuation, and the enlargement will be soft and yield somewhat to the pressure of the finger. When there is any active inflammation going on, it will be detected, by pressure at that point producing pain, sometimes a burning sensation is propagated through the urethra, as far as the glans, and in most instances firm pressure at the more tender spot, will cause a strong and sometimes uncontrollable desire to urinate, and in some few cases, I have noticed that even when the gland has not been excessively enlarged, but is much congested, pressure on it, will produce a discharge of muco-purulent matter from the urethra. In most of these cases, it is the lateral lobes which are enlarged, thus giving a more important distinction from senile hypertrophy, in which the middle lobe is the one usually implicated: we thus rarely require the use of the prostatic catheter, in examining through the urethra, and do not necessarily find any extraordinary difficulty in passing a moderate sized instrument. We usually, however, find an absence of the normal clasticity at the neck of the bladder, and where the prostatic portion of the urethra has become implicated in the disease, a sense of pain, almost amounting in some cases to agony, is produced when the instrument reaches this portion of the urethra, the pain disappearing almost immediately, that the catheter enters the bladder. Another important symptom of incipient hypertrophy is, that after the patient has apparently emptied his bladder, a small quantity of urine can still be drawn off by the catheter—this may depend either upon a small cul de sac, formed by the prolongation of the prostate upward and forward, or by the want of elasticity at the neck of the bladder, to which I have already referred. When the middle lobes, either one or both are implicated, the catheter will usually be deflected from one side to the other, giving us important information as to which lobe is diseased. Let it not be supposed, that all the symptoms above detailed will be found in every case of diseased prostate—in some cases we shall find but few, probably in none, all that I have mentioned. I have endeavored to group *en masse* all the symptoms, as they have been presented to me by patients who have come under my observation, and a pretty extensive experience has revealed to me, that each has its peculiar diagnostic sign.

If we look at the large nervous distribution to these parts, we shall be at no loss to understand the causes of the various anomalous sensations and pains experienced by the patient. The hypogastric plexus, supplying the bladder, lower viscera and prostate, freely anastomoses with branches of the spinal cord, from the lumbar and sacral plexuses; by the communication with the genito-crural, supplying the cremaster, we can readily account for the dragging pains, and occasional retraction of the testicle complained of by patients, and their union with the fourth sacral, supplying the lower part of the bladder, and with the pudic supplying the lower portion of the rectum and external organs of generation, will sufficiently explain the sensations experienced in those parts.

In our next we shall consider the diaganosis and treatment of the various forms of prostatic disease, and illustrate the propositions we have laid down, by cases bearing upon them.

[*To be Continued.*]

SPECIAL SELECTIONS.

THE READY METHOD IN ASPHYXIA.

By Marshall Hall, M. D., F. R. S., etc.

A young friend of mine has proposed to designate the postural treatment of asphyxia the *ready method,* no apparatus of any kind being required. I have adopted the suggestion.

Several important additions and improvements having been made in this mode of treatment, I think it right to lay the last and best form which it has assumed before your readers.

It will be obvious to all, that our main objects are to renew inspiration and improve the circulation. Our *means* are physiological and physical; our RULES as follow:—

All obstruction of the glottis being removed by placing the patient in the *prone* position, in which any fluids and the tongue itself fall forward (*Rule I.;*) our *first* effort is to *excite* respiration physiologically (*Rule II.;*) our *second,* if this fail, is to *imitate* the acts of respiration mechanically (*Rule III.;*) our next object is to endeavor to improve the circulation which is done by promoting the flow of the venous blood, and to restore warmth in the limbs (*Rule IV.;*) we again, as we proceed, revert to the physiological principle of *exciting* respiration from time to time, (*Rule V.*)

RULES.

1. Treat the patient *instantly, on the spot,* in the *open air,* freely exposing the face, neck, and chest to the breeze, except in severe weather.

2. Send with all speed for medical aid, and for articles of clothing blankets, etc.

I.—To Clear the Throat,—

3. Place the patient gently on the face, with one *wrist* under the forehead;

[all fluids and the tongue itself then fall forward, and leave the entrance into the windpipe *free.*]

II.—To Excite Respiration,—

4. Turn the patient slightly on his side, and
   (i.) Apply snuff or other irritant to the nostrils, and
   (ii.) Dash cold water on the face previously rubbed briskly until it is warm.

If there be no success, lose no time; but,—

III.—To Imitate Respiration,—

5. Replace the patient on his face;

6. Turn the body gently, but completely, *on the side and a little beyond*, and then on the face, alternately; repeating these measures deliberately, efficiently, and perseveringly, fifteen times in the minute, *only;*

[when the patient reposes on the thorax, this cavity is *compressed* by the weight of the body, and *ex*piration takes place; when he is turned on the side, this pressure is removed, and *in*spiration occurs.]

7. When the *prone* position is resumed, make equable but efficient *pressure along* the spine; removing it immediately before rotation on the side;

[The first measure augments *ex*piration, the second commences *in*spiration.]

IV.—To induce Circulation and Warmth,—

continuing these measures:

8. Rub the limbs *upwards*, with *firm pressure* and with *energy*, using handkerchiefs, etc.

9. Replace the patient's wet clothing by such other covering as can be instantly procured, each bystander supplying a coat or waistcoat.

Meantime, and from time to time,—

V.—Again,—to Excite Inspiration,—

10. Let the surface of the body be *slapped* briskly with the hand; or,

11. Let cold water be *dashed* briskly on the surface previously rubbed dry and warm.

The measures formerly recommended and now rejected by me are—removal of the patient, as involving dangerous loss of time; the bellows, or any *forcing* instrument, and the warm bath, as positively injurious; and galvanism and the inhalation of oxygen, as useless.

The inhalation of dilute pure ammonia has in it more of promise.

For the treatment of stillborn children, excitement of the skin, the alternate cool and hot bath (the temperature being 60° and 100 Fahr.,°) postural respiration, and rubbing with pressure upwards, are *the* remedies: but I propose to treat this subject more at length hereafter.

October, 1856.

THE RATIONALE OF THE FATAL TENDENCY OF THE WARM BATH IN ASPHYXIA.

BY MARSHALL HALL, M. D., F. R. S., ETC.

TO THE EDITOR OF THE LANCET:—*Sir.*—There is a physiological relation between the circulation and the respiration, any deviation from which, in either direction, is of a fatal tendency.

During the systematic (not the pulmonic) circulation, carbonic acid is formed; in respiration, the oxygen necessary for the formation of this carbonic acid is supplied, and the carbonic acid so formed is evolved from the system.

The immediate baneful effects of the suspension of respiration arise from the privation of oxygen, and from the retention of the carbonic acid previously formed, which becomes a blood-poison.

An animal placed in perfectly *pure nitrogen* or *hydrogen* gas dies in violent convulsions instantly. And this is doubtless owing to the privation of oxygen, for carbonic acid might be exhaled into nitrogen or hydrogen gas.

But an animal dies also in air consisting of such a proportion of *carbonic acid with oxygen,* as to prevent the evolution of carbonic acid from the blood, although the quantity of oxygen might be so great that a taper blown out, and burning only as a *spark,* would be instantly kindled into *flame.*

If without producing effects so sudden as those described, we change the relative proportion of the respiration and the circulation, morbid phenomena are produced special to each case. If the circulation be disproportionately augmented, carbonic acid is formed, and being morbidly retained, slighter convulsion and slower death ensue. If the respiration is unduly and disproportionately augmented, the animal is *cooled;* for mere *pulmonary* respiration is a cooling process, by the difference of temperature of this *in*spired and *ex*pired air, and in this case also the animal dies, but now from loss of temperature.

This latter is the case in the asphyxiated patient, if the respiratory movements be unduly hastened—that is, disproportionately to the rapidity of the remaining circulation.

On the other hand, if in the asphyxiated we excite the circulation, without simultaneously and proportionately inducing the respiratory movements, we destroy our patient by carbonic acid, formed in the course of that circulation, and uneliminated by respiration.

This statement leads me to the proper subject of this paper—the Rationale of the Injurious and Fatal Tendency of the Warm Bath in Asphyxia: for it *is* injurious, and has, I am profoundly convinced, of itself proved fatal in cases in which the patient, without it, would have *spontaneously* recovered.

In such a case, it is surely not less essential to the progress of science and our art to remove error than to establish truth.

Warmth is so obviously a stimulus, and a stimulus is so apparently required for a patient taken out of the cold water in a state of asphyxia, that in recommending the warm bath we seem to be addressing ourselves to the common sense of mankind, and it was a step in advance to entertain a *doubt* on the subject.

But when we begin to experiment—when we learn that an animal deprived of respiration by being submerged under water, *lives longer* in *cool* water than in *warm* water, learn to consider whether in fact, coolness is not more favorable to life in the asphyxiated from submersion, than warmth. We recall to mind, too, that animals bear the abstraction of respiration in proportion to their coolness: the hybernant animals and the batrachian tribes will scarcely drown at all. If a kitten be first cooled, or if it be immersed in cool water, it will not drown so soon as it would do if submerged at its ordinary temperature in water of the same temperature—facts established by Edwards, by M. Brown-Séquard, and myself, and witnessed by the Secretary of the Royal Humane Society, and by its superintendent in Hyde-park.

Thus, experiment is made to correct preconceived ideas, however apparently consonant with common sense.

There are other facts which point to modes of treatment of the drowned, which the administration of the warm bath necessarily excludes. If a poor creature be perishing for want of food, we cautiously administer food. If a man be, in like manner, perishing for want of air, should we not administer air? Is this not simple and reasonable? And in the case of drowning, is not the want of air the first condition to which we should bring succour, and the want of temperature the second or third? And should we not first administer to the first want? Then in the case of drowning, we should administer air first and warmth in the second place. But may not the warmth administered without air, do great absolute injury? It raises the temperature, and in so doing augments the necessity of respiration to life.

In the *first* place, if *any* effect be produced by the warm-bath, the circulation is accelerated. But to accelerate the circulation without inducing, at the same time, efficient respiration, is to augment the formation of carbonic acid—the *blood poison*—without its elimination from the system, and it induces, consequently, a fatal result;

Secondly, all *excited* respiration through the medium of the cutaneous excitor nerves is excluded, the uniform temperature of the warm-bath excluding the excitants of those nerves arising from the *alternate* application of *heat* and *cold* to the surface;

And, *thirdly, imitated* respiration is excluded by the very sustained position of the patient, excluding, as it does, alternate pronation and rotation, and pressure applied and removed, or changes of position and compression, which induce respiratory movements.

So that the warm bath is not only positively injurious by *poisoning,* but negatively, by excluding the de-poisoning process.

Lastly, the warm bath excludes those frictions of the limbs upwards, with pressure, which really constitute the most effectual means of promoting the circulation and warmth.

Nor is it unimportant to save the *time* expended in preparing the warm bath, or in carrying the patient to it.

And it is scarcely a minor point to direct *all our thoughts and energies,* undiverted, to *the* important remedies exclusively.

In conclusion, the warm-bath is of *doubly fatal tendency:* it is so in itself positively; and it is so negatively, by excluding every real remedy.

All have heard of the *Grotto del Cane.* The poor dog is put into the carbonic acid, and taken out asphyxiated. It is plunged—not into a *warm-bath*—but into the water of the adjoining *lago* Aguano, and taken out—restored!

I am, sir, your obedient servant,

MARSHALL HALL.

December 15th, 1856.

THE TREATMENT OF ASPHYXIATED NEWLY-BORN CHILDREN.

TO THE EDITOR OF THE LANCET:—*Sir.*—I think it may be well to add the subjoined interesting case to those you have been recording. Already four cases of the restoration of the still-born, and two of drowned persons, in a state of hopeless asphyxia—hopeless under four modes of treatment—have occurred within a few months!

I am, sir, your obedient servant,

MARSHALL HALL.

December, 1856.

Southport, Dec. 15th, 1856.

Dear Sir:—Every one having a just appreciation of scientific research, ought to make known the results of his experience bearing direct evidence upon the truthfulness of new discoveries.

I feel sure that no one will dispute that Science and Humanity owe much to you for the discovery of the new mode of treating asphyxiated persons, whether by drowning or otherwise. With this idea, I beg to forward the subjoined case to you, not only to bear testimony to the general truthfulness of the theory, but to give you well-merited satisfaction.

I was called to see Mrs. H——, in labor of her first child, on the evening of the 12th instant. The pains continued through the night, and about 8 o'clock the following morning I found it necessary to administer chloroform, the pains were so agonizing. A large child was born by natural efforts at half-past nine, A. M., in a state of complete asphyxia, and the head greatly compressed. After dividing the cord, I proceeded to try your method of establishing respiratory action. I turned the child gently over on the face, rolled it over on the side, and a little beyond, using gradual pressure on the lateral aspect of the chest, back again to a prone position, and so on, about twenty times in the minute. I did it thus frequently because infantile respiratory acts are more rapid than those of the adult. I dashed cold water on the face and chest, slapped the region of the diaphragm with the hand, etc.

After some time the child began to show signs of respiratory power, feeble enough at first, but gradually becoming strong.

I am persuaded this will soon supersede the other method, which I have always considered most unscientific and clumsy; but which, for want of a better one, I have hitherto adopted.

Your method is most easily and readily performed; no time is lost in preparing a hot bath, etc., or in poking the stem of a tobacco-pipe, or the pipe of the bellows, into the child's mouth—a most barbarous and uncertain way of inflating its lungs, and quite as likely to inflate its stomach instead.

I leave it to your own feeling to publish this or not; you are at liberty to do so if you think proper.

I am, sir, yours truly,
G. B. Barron.

Marshall Hall, M. D., F. R. S.

P. S.—I have the satisfaction of adding a *fifth* case of recovery in the still-born infant, I trust in time to be appended to my communication of yesterday. M. H.

December 22nd, 1856.

Carlton street, Nottingham, Dec. 21st, 1856.

My Dear Uncle:—* * * * * * Early this morning I attended a lady in her confinement. The presentation was a breech one, and there was much and unavoidable pressure upon the umbilical cord, which ceased to pulsate a quarter of an hour before the infant was born. When born the child was quite livid, without perceptible movement of the heart; indeed, to all appearance it was dead, and under ordinary circumstances I should not have entertained the slightest hope of its resuscitation. By adopting your method, I had the great satisfaction of seeing it fully restored to life in about twenty minutes, when it cried lustily, the nurse and friends being amazed at the result. Being the only son in a large family of daughters, the parents' delight was proportionately great. I explained to the father that he had to thank you for a living son.

Believe me, my dear uncle,
Your affectionate nephew,
Marshall Hall Higginbottom.

Dr. Marshall Hall. [London Lancet.]

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OUR GREAT ONES OF THE PAST.—MEN OF THE BRITISH SCHOOL.—No. III.—RICHARD WISEMAN.

We step back a hundred years from the period of our last memoir to fix an eye for a short time on a representative of Physic, or rather of Surgery, in the times of the great Protector and the reckless second Charles. We have before us the Serjeant-Chirurgeon of that merry monarch, one Richard Wiseman, a surname in itself, a fair and short epitome of the man its owner.

Not many facts for the gossipping reader have we in store regarding the life-history of our present hero. We neither know when nor where he was born, or where or when he died. We have ransacked the writings of his contemporaries without getting a glimpse of him; even newsmonger Pepys throws no gleam. We have rummaged out biographies with little avail: the "Biographia Britannica" is mum; Chalmers is mum; Gorton is mum; Lempriere is mum; Aikin gives us an unsatisfactory history, and refers us to the "Biographie Universelle." The "Biographie Universelle" gives the original of Aikin, and refers to—nothing! where, then, did it get its information? This was, for a time, a mystery; but one at last cleared up in the perusal of Wiseman's own works. It is obvious that the clever writer in the "Biographie Universelle" has, in despair, dug manfully into these works, and, by putting this and that together, has spun out his short yarn, which runs in effect as follows:—

Richard Wiseman was a distinguished surgeon of the reign of Charles the Second, and was Serjeant-Chirurgeon to that potentate—(fact got from the works of Wiseman and their title-page.) When he was born, what his parentage, and when he died, nobody knows. (Works haven't a word on these points; could scarcely be expected to have the last.) He first appeared as a surgeon in the civil wars during the reign of Charles the First—(gathered from the Essay on Gunshot Wounds.) He accompanied Prince Charles in his rovings through Holland, France, and Flanders, and was present at the battle of Worcester—(latter fact again obtained from the Gunshot essay;) was taken prisoner at this Worcester battle, but was before long liberated, and, coming to London in 1652, acted first as an assistant to Mr. Edward Molin,—(fact got from treatise on Gonorrhœ,)—and afterwards on his own account. On the Restoration was made Serjeant-Surgeon to the king, and on May 24, 1676, published his Chirurgical Treatises, having, as he says in the Preface, "made a vertue of necessity, and employed those hours for the publick service which a frequently repeated sickness for the twenty years last past denied him the use of in his private occasion;" so that it "pleased God by casting him into such a condition to give him opportunities of thinking as well as practising." Such are the few biographical notes which have been gathered regarding Wiseman, excepting that the quotations from his Preface have not been given in full. One or two more life facts we have ourselves dug out on the "Biographie Universelle" system. They are not of much note. He attended the king, Charles II., at the Hague, and was with the court at St. Johnson's, in Scotland. When serving in the civil wars he was under Sir Alexander Fraser, Chief Physician to the first Charles. He lived at one time, early perchance in his career, in the Old Bailey, and had a kinsman named Jacques Wiseman, who seems to have been an assistant to him in important operations.

But, although the minutiæ of Wiseman's daily life are not laid before us, we fortunately retain his works, and from these we shall be able to extract many points of great interest, which will not only serve to indicate the character of the man, but also the state and condition of chirurgical science at the time he wrote and practised. It is well for us, too, in this respect, that his writings are not confined to one or two particular points. They embrace the greater part of chirurgical science, and they come from a man who was regarded as a practical authority, not only during his life, but long after his demise. His book was looked on by younger Chirurgians as the standard work for the information of learners, and by older men as the book of reference for solid Practitioners.

The works themselves were all connected in one volume, under the title "Several Chirurgical Treatises;" they were published by the king's bookseller, R. Royston, and by B. Took, at the "Ship," St. Paul's Churchyard. The epistle to the reader, signed by the author, bears date May 24, 1676.

It has been customary to look upon the reign of Charles II. as a backward or receding period in science; and it is true that Charles himself cared more for the pleasures of this life than for its realities; that he ignored scientific men, or held them free of encouragement; that he was, in a word, an unprincipled scapegrace, who, as Hume most justly observed, "rendered his reign a misfortune to the kingdom, and entailed upon himself the contempt of all the other powers of Europe." Notwithstanding this deficiency of royal patronage, it is, however, a libel to say that the age of Charles was wanting in great scientific talent. In this reign the Royal Society had its infancy cherished; and many men, whose names we now refer to with proper reverence, lived and labored. Now lived Biggs, to explain the structure of the eye; Sydenham, to write some of his long read works; Willis, to speak of fermentation in diseases of the fever class, and to disclose some leading facts about the anatomy of the brain; Sir C. Scarborough, to insist on the introduction of the geometrical and mechanical sciences into the study of anatomy; and Wiseman to give a new impulse to chirurgery.

In the general sciences, Boyle stood forth to reveal various truths connected with chemical physiology; Newton was produced, to point out, a little later, the theory of gravitation; while Butler and Dryden supported the poetic crown. Surely, with such men pre-eminent, the age was not failing in intellectual power.

If we gauge the scientific part of this period, we find in it the germs of a distinct chemical philosophy, and the strict principles of mathematical learning, yet the connexion between these two branches of science was so ill understood, that a serious literary collision between the professors of each was not an uncommon occurrence.

To show what one present in the age itself thought of its scientific position in special relation to surgery, we may quote from Wiseman's Preface a few ideas which directly indicate his feelings and views. Speaking of his own works, he says, in regard to the novelties he has introduced, that "such ancient Practitioners as are unwilling to be now learning a new lesson, will be angry that those definitions and descriptions, and sometimes methods of cure, are needed, from which they learned when young; those being the basis on which they have built the whole superstructure of their practice." To these, therefore, he does not address himself, but to "younger men, who have their principles and practice yet to choose." "Others," he continues, "wholly taken up *with the novelties wherewith this age aboundeth,* will be angry that all new notions are not here pursued to nicety, and many little anatomical and chemical punctilios inserted and brought in on all occasions, instead of the old way of expressing the accidents of diseases, with their causes and cure. I would have these men consider that I am a practiser, not an academick; that I delight in those things as far as they are useful to life, but have thought it too great a digression from my present purpose to stuff up a practical book with such philosophical curiosities, which become it just as well as it would become a divine to fill a practical discourse with scientific distinctions." A little further on Wiseman laments also the inaptness of the theory as applied to the practice of disease. "When" he remarks, "the young Chirurgeon shall find the cure easie in theory, and appear so at first in practice too, yet suddenly deceive him with a relapse, and not only once, but often delude his best endeavors; when the bystanders and persons concerned shall begin to accuse him of knavery in his proceedings, and think him to pull back a cure, whilst he is rolling Sisyphus his stone, which will tumble down whether he will or not; he will then wish that all other Practisers had done what I have done in this treatise, viz., recommend their observations, both successful and unsuccessful, thereby increasing knowledge in our profession, and leaving sea-marks for the discovery of such rocks as they themselves have split upon."

In the few passages here quoted the reader will gain a fair knowledge of the character of Wiseman; a man of practice at every turn, conservative, yet liberal withal, and given to the observation of nature. Such men are always useful, and always make way; they may not perform great discoveries, for their timorousness in thought, and their hard fact propensities, prevent this accomplishment; they, nevertheless, lay the basis on which after-discovery rests. They see as far as the thing itself, and they chronicle what they have seen faithfully. If they do more, they do wrong, and wander even into wilder speculations than does the man whose cast of mind leads him exclusively into difficult and abstract inquiries.

To return to Wiseman's works. His volume is made up of eight treatises; the first is on tumours, the second on ulcers, the third on diseases of the anus, the fourth on king's evil, the fifth on wounds, the sixth on gun-shot wounds, the seventh on fractures and luxations, the eighth on lues venerea.

TUMOURS.

Wiseman defines a tumour after Galen, viz., as "a disease in which the parts of the body recede from their natural state, by an undue increase of their bigness."' Respecting the causes of tumours, he considers them according to their time and place, and thus calls them—1. antecedent; 2. conjunct. The antecedent cause being that which has not actually produced a tumour, but is thoroughly mixed with the blood, or otherwise lodged in some convenient place where it is not troublesome to nature, at least to the part, though, if not prevented, it does produce the feared effect. Of this sort of causes he reckons all impurities in the blood which do not start out into the solid parts; as the matter of an erysipelas, phlegmon, parotis, and bubo, before a crisis is made; so also any tumour in the body which lying in any part of it, is apt to be translated to another. By a conjunct cause he means the very matter of the tumour that is already impacted into the part, upon the increase of which the tumour increases, and on the diminution of which it diminishes.

In regard to the matters of which a tumour may consist, he attributes their original to humors, to wind, as in emphysema, and to blood itself, as in varix, ecchymosis, and aneurism.

CURE OF VARIX.

"The varices ought not to be cured," says our author, "unless they be painful and extended into a large tumour, or ulcerate and bleed much, for they preserve health. But, if there be a necessity of curing them, it ought to be begun with purging and bleeding, not once or twice, but often repeated; and if the viscera be in fault, they ought to be strengthened and amended; after which the cure may be endeavored by astringent and exsiccant medicaments, and those to be applied with convenient bandages to press back the blood coagulating in the vessel, and moderately resist the current. If these suffice not, then, according to the ancient practice, you are to proceed by section, dividing the skin and separating the integuments; then, having raised the varicose vein, you are to pass a ligature above and another beneath it, making a deligation of them; then slit the vein, cast out the gross blood, and afterwards digest and heal it. In my practice I met many diseased with varicose swellings, but I never met with one patient that cared to hear of the cure by ligature; nor, indeed, have I seen any great reason for it. For if the unsightliness and pain be in the legs, it may be helped by wearing a laced stocking, and placing a card, a piece of vellum, or bit of beaten lead between them. A laced trowze will do much for the thigh. When they affect the belly they may be restrained by a bracer. The cure of hernia varicosa is by a good bandage, viz., a bag-truss."

IDEAS ABOUT ANEURISMS.

"An aneurism, according to my description, is an ecchymosis, and, indeed, the highest species of it. It is raised, according to the opinion of authors, by dilatation or relaxation of the artery; they supposing the blood to have burst its passage through the first coat, and dilated the second, thereby raising the tumour. I am apt to believe that there is no such thing, but that it takes its rise from blood bursting quite through the artery into the interstices of the muscles, where it raiseth a tumour suitable to the cavity it findeth. But this tumour consisteth of blood extravasated, the artery lying undilated all the while."

That Wiseman here committed a great practical mistake is obvious enough. He was, as it would seem, mislead by the circumstance of having met with several cases of false aneurism. In regard to his treatment of aneurismal tumours some of it is dismal enough. Compression of the tumour, the application of unguents, bleeding in urgent cases, opening the tumour in one case, and after-dressings that the wound might digest, and such like proceedings, form the bases of his plans. In one case, however, he tied the artery. A man was affected with an aneurism of the right arm occasioned by phlebotomy. Some proposed to amputate, as the tumour was large, much inflamed, and painful. There were three other Chirurgeons in attendance, Mr. Arris, Mr. Hollier, and Mr. Gardner. Wiseman proposed amputation, or deligation of the artery. The deligation was decided on. Four days after, all the Chirurgeons met; the patient was placed in a chair towards the light. Wiseman removed the dressings, and made a ligature of four fingers' breadth above the tumour, on which Mr. Hollier made a gripe. Some others held the hand and lower part of the arm. Wiseman then made an incision down the length of the tumour. That done he drew out the grumous blood with his fingers, and cleaned the wound with a sponge. Then desiring Mr. Hollier to slacken his hand, upon which the artery discovered itself by the blood spouting out, he, Wiseman, passed a needle under the upper part of the artery, tied that and cut off the end of the ligature. Near the wound made in the artery by the letting blood there was a cartilaginous body formed, which hindered his coming to the artery. He, therefore, cut it away, passed his needle, and made a second ligature. He then dressed the wound—[Quiet, quiet! good Chirurgeon of 1856, with your head full of the first intention!] —dressed the wound with pledgets spread with common digestive "ex terebinth, dipt in pulv. galeni,"—[Quiet, patient, quiet!]—and applied "empl. diachal. mixed with ol. ros," and "rowled it up to the ease of the patient." Upon that the patient was put to bed, and had an anodyne draught. He slept well. The third day after, the dressings were removed, and all was found safe; "the lips of the wound tending to digestion. The wound was continued to be dressed until it well digested. From that time it was dressed with sarcoticks, the loose flesh was rubbed with the vitriol stone, and the cicatrizing of it was hastened with "aq. medicamentof." Wiseman attended until the ligatures fell off, then left the wound to the family surgeon. The patient did well, and recovered the full use of his arm.

TREATMENT OF CANCER.

Wiseman's ideas about the differences of cancer are not so far astray as might be supposed. On the subject of treatment so much can hardly be said in his favor.

There are, in his opinion, three indications to be pursued in treatment, none of them bad in principle, but some of them terrible in detail. The second is the correcting of the atrabilious humours, by purging, venesection, or blood-letting. The third consists in preventing the growth of the tumour, and disposing it to discussion.

This last named intention is to be done with care. Cancer is to be "moderately discussed." While the tumours are evacuating, mild "repellents" are to be applied, and afterwards "discutients." All the unguents prescribed ought to be beaten in a leaden mortar. "Lead beaten into thin laminæ is usually worn in these cases, so is gold after the same manner." "The oyl of frogs is commended in this case, and is made by baking them with butter in their mouths,"—evidently a sop for the frogs. "Frog-spawn water is of good use in the summer, if cloaths be dipped in it and applied; but they ought to be shifted as they dry, and fresh ones applied." In winter, lest the patient take cold from this elegant application, Mr. Wiseman recommends the following elaborate cerate: "℞ Ranar virid. ʒiij., pulv. cancror flaviatil combust. ℥ss,. lithargri aur. ℥ij. plumbi usti, tutiæ preparat. an. ʒij., cerussæ ʒvi., succor, solan. plantag. an. ℥vi., aceti ℥ij., olei ranar et unguent popul. an. ℥iij., sevi vitul. ℥iv., ceræ q. s. fiat ceratum." The reader at this point is allowed five minutes to take his breath; we take ten.

Returning refreshed from our rest, and premising, from an idea that has occurred meantime, that Mr. Wiseman's prescription is devised on the principle that among so many good things one will surely do some good if another should not, we pass to the narration of the manner in which our Sergeant Surgeon removed cancer by operation.

That the operation might be done with success, Wiseman proposed the three following rules: "First, that the patient be of a strong constitution, and of a tolerable good habit of body, and not in a declining age, when the menstrua are ceased; secondly, that the cancer be loose, and the axilla free from painful glands; it were to be wished, also, that the cancer took its original from some accident, as a bruise; thirdly, that the operation be performed in the spring or autumn of the year."

The mode of operation is significantly primitive. The operator is to have good rowlers, compresses, restrictive powders, and desentatives, as in other amputations. The use of chalcanthum, or other escharotics, Wiseman does not approve of, because they cannot be so applied to the mouths of arteries, but they will corrode the adjacent parts and cause pain, which ought not to be. To avoid these, he prefers "a small button cauterie," which is not done without some pain, but is momentary, and serves to correct the indisposition of the part. There ought to be actual cauteries of different sorts ready heated in some corner of the chamber, lest in the extirpation there happen to be left some reliques of the cancerous gland. All things being ready, the patient must be placed in a chair opposite to the light, and held steady. It is, then, at the operator's choice whether he will make a ligature about the basis of the cancerous tumour, or pull it to him with one hand, while he cuts it off with the other. "For the cutting into the breast and pulling out the cancerous knot rarely succeeds well;" nor, indeed, is every breast so capable of being freed of the cancer, when it is cut off by making a ligature. If the cancer be cut off clear, the business next is to stop the blood as you please; but, if any scirrhosity remain, you shall do well to consume it by the actual cautery. Dress with "pulv. galeni;" then place the patient in bed, and give an anodyne draught to quiet the ferment.

The second or third day after you may dress her with some digestive; if there is pain, you may apply an anodyne; if there be no pain, dress with "empl. è bolo." After digestion, proceed with detergents, and incarn and cicatrize, remembering to keep the body soluble the while by clysters, and purge or bleed as you see occasion. And if there were no fontanels before, make them now; for though the cure may seem successful, yet if there be any evil quality in the humours remaining, the ulcer will scarce cicatrize.

If in the process of cicatrization the lips of the wound should grow callous, an attempt should be made to eradicate timely by the actual cautery, whilst the callosity is within a narrow compass, and lying in the superficies; for if it is deferred till it has seized the muscular flesh, it will be too late.

Wiseman, in this part of his instructions, attacks the empirics of his time, and speaks of a certain nostrum called "Mathew's pill," which seems to have been celebrated in its day as a quack specific. He objected generally to escharotic medicaments, but approved of the actually cautery, which should not be applied lightly upon the upper parts, but by thrusting it at "the root" with a scoop or chisel-like cautery, carrying it away direct. If there remain any "rags" in it, with a proportionate button cautery burn down to a "crust."

The practice of the cautery is illustrated by Wiseman in glowing terms, as may be supposed, considering the warmth of the subject. Some of his cases seem to have done well for a time. The coolness with which the operation was done is inimitable. A man, fifty years old, in whom cancer of the upper jaw has been excited by the cracking of an apricot stone, was operated on. While various implements for burning were being forged, chisels, bolts, and what not, the patient was let blood, purged, and "prepared for the work." When operation-time came, the instrument-maker was there to heat the cauteries, and mend or alter them, as occasion should offer. One of the assistants then held the head and upper lip of the patient, whilst Wiseman, depressing the tongue with a speculum oris with the one hand, passed with the other a plain chisel cautery just under the upper lip into the body of that part of the cancer which stretched itself along the roof of the mouth into the palate, and repeated the use of that fashioned cautery until he had made a separation of so much. The carrying of the cautery thus was the way to preserve the sound parts from being scorched by the reflections of the glowing iron. "*It was also a great encouragement to the patient to see gobbets burn off with so little pain.*" At last, after cutting and burning through the alveoli, "which were as rotten as dirt," the patient grew weary, and the physician thought enough was done for that time. Next day, and some following days, this process was repeated, the Chirurgeon "drying and smoothing his work." At last a cure was effected in the space of six weeks, with a firm and smooth cicatrix. Incredulous Dr. Bate hereupon whispered to Sir Fra Prujean, "that it would not hold a month." "But it held seven years, or thereabout," says Wiseman. Others, who at the first consultation had declared it an incurable cancer, now declared amongst their companions that it was no cancer. In the year 1668, the disease broke out again in this man after fever. The throat was now attacked, and he languished and died.

In one of his operations on the breast, where that organ was sliced off with the knife, Wiseman tried an experiment with the "Royal Styptic Liquor" which was given him the morning before by His Majesty's special command. Two arteries bled forcibly out, till Dr. Needham applied a wet button on one, and Jacques Wiseman on the other. That of the Doctor's stopped the bleeding instantly, and the compress adhered to it; but blood dribbled from the other till the application of another button, when that also stopped. Afterwards, the patient having vomited, one of the arteries burst out bleeding again. A re-application of the styptic stopped it; but Wiseman was not quite happy; and it being night, gave the vessel an extra seal down with the point of his button cautery.

By whatever way he removed cancer, it was the point with him to operate while the disease was recent. In later stages he clung to palliative measures merely, and, although sometimes attempting even then the radical cure, always doing so, under such circumstances, either at the earnest request of the patients themselves, or by the authority of a consultation of eminent Physicians and Chirurgeons.—*Med. Times and Gazette.*

[*To be Continued.*]

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EDITORIAL AND MISCELLANEOUS.

Our New Volume.—With the present number we begin the fourth volume of the New Orleans Medical News and Hospital Gazette. To look back to the day when we first cast our bantling before the profession, and to say that three years have since passed away, is all quite easy; but it is hard indeed to realize all that has passed around our editorial chair in that time—the *paternal* anxiety, the ceaseless labor, the frowns of grumbling patrons, who never contribute a line or a dollar, the smiles of approving friends, the daily bundle of letters to be opened, and no money in them, the monthly bill of the printer, to be paid whether there be any money in the treasury or not; all seems one grand hurly burly, a wild chaos before us, from which a disinterested looker-on would predict anything but the advent of a fourth volume. Yet here it is, or at least the beginning of it, and if it does not command most fully the approval of our friends, it shall be no fault of ours; we intend to *work,* and if our patrons will only assist us to an extent that need not be real work on their part, there will be satisfaction all around.

Speaking of friends, we have six different kinds, and therefore plenty of them; and yet this very diversity bespeaks our comparative poverty in this respect. We have friends who pay us promptly in *advance,* and we have friends who contribute to our pages; and these are the very best friends in the world. Then we have friends who will not pay us in advance, but who manage to pay up every year or two, and friends who are always *promising* to contribute to our pages; these are very good in their way, although they give us some trouble, as they keep us all the time in a state of stimulating expectation, but they would be much better friends by just changing their tactics a little, and transferring themselves to our first-named list. But of all the friends an editor can have on this earth, (and we never think of them that we do not cry, "Save us from our friends!") the friend who will stick to the subscription list, yet never pays a dollar, or the friend who never pays or contributes, and yet is all the time complaining of the contents of the journal—we say in all sincerity, free us from such friends, for he who has them is worse than friendless. Six kinds of friends have we then, and yet we really want but two kinds, and even these we would much prefer to merge into one kind, viz: the friend who will both pay and contribute.

We wish we could get our friends to philosophize a little over the mutual duties and responsibilities of editor and subscriber; one moment's cool reflection must show them that the paths are plain, yet widely different. If the subscriber pays his five dollars in advance, and contributes one good article per annum to the journal, his duty is performed, and that right easily, and his responsibility ends for that volume—except in the matter of his canvassing for other subscribers. But how different is it with the editor! He has to cater to hundreds of tastes, and has to work day after day, month after month, and year after year—so that his labor and his responsibilities never cease. But, worse than all, at the end of the year, when he comes to cast up his books, he finds either that it has required all the receipts to meet the expenditures, or that one or two hundred of his subscribers are in arrears, and to satisfy the printer he must draw on his private means. Does the reader not like the coloring of the picture? then let him take our place for a year, and we are sure he will acknowledge us an artist.

But we are in for another volume. We like to work, and we love our profession. We never expect, nor do we desire, to make our journal a money-making machine; if our friends will contribute liberally to our pages, and pay up their subscriptions in advance, we promise to devote all moneys to the improvement and advancement of the journal. If we had all the money that is now due us from the country, we could increase our pages one full form, (8 pages;) yet, for the unsatisfactory reason that a large number of our country subscribers seem to think it beneath their dignity to pay for a journal which they read every month, we must forego the infinite pleasure it would afford us to see the Gazette progressing as we would desire. But we live in hopes that there is a better time coming. May be an epidemic of keen remorse will sweep over the consciences of our delinquent friends ere long, and our sanctum will then be crowded with letters of gold. We will dream of it, and of the glorious effect on the Gazette.

CHEERING NEWS FOR OUR FRIENDS.—It gives us the greatest pleasure to be enabled to announce to the friends of medicine, that our liberal and enlightened Legislature has, within the past few days, fully recognized the charter of the New Orleans School of Medicine, and has placed the institution on terms of entire equality with the most favored medical institutions, both inside and outside the great Charity Hospital. It is a source of the highest gratification to us to see our exertions, which we know to be laudable, thus appreciated by the representatives of our people in General Assembly, and we feel ourselves stimulated to greater exertions, if possible, for the improvement of medical teaching. The approbation of an enlightened and discriminating public is a prize worth gaining.

TYPHOID FEVER IN TENNESSEE.—From the Southern Journal of Medical and Physical Sciences we learn that a terrible Typhoid epidemic has been for some months prevailing at Russelville, Tenn. Whole families have succumbed to the fatal disease.

ARMY MEDICAL BOARD.—At the recent sitting of the Army Medical Board, at St. Louis, fifteen or twenty candidates appeared for examination, and *only two* were deemed worthy of admission as Assistant Surgeons. These two gentlemen were Drs. Lewis Taylor and S. G. Hollenbush, of Philadelphia. What a tale does this unfold!

RAW PORK AS AN ALIMENT.—Dr. Henry J. Bowditch gives, in a late number of the Boston Medical and Surgical Journal, a short account of a trip on the Penobscot, and tells us that the party were, for a time, forced to live on pork. From the guides he learned that the raw pork was considered much more nutritious, that it was much the most economical way of using it, and that those who ate it thus would resist the fatigue of the journey for a greater length of time. The custom is to cut the pork in very thin slices, and one or two drachms at a meal was sufficient.

VALERIANTE OF AMMONIA IN NEURALGIA.—Dr. Declat relates in the *Bulletin de Thérapeutique*, several cases wherein this medicine was given with the happiest results. He gave it in teaspoonful doses, repeated two or three times daily, the quantity being gradually increased.

Dr. Bruhl, of Cincinnati, writes to the Cincinnati Medical Observer that a friend of his has used it in an obstinate case, and with relief to the patient.

ICE IN UTERINE HEMORRHAGE.—Dr. E. A. Hildreth, of Wheeling, Virginia, in a communication to the Cincinnati Medical Observer, for February, 1857, advocates the introduction of ice into the uterine cavity to check hemorrhage from that organ. He has used the remedy in cases of miscarriage, as well as in labor.

In the November, 1856, number of this journal, one of its editors cited a case in which this plan of treatment was adopted by him—he having previously resorted to it—and strongly advocated the practice. We are happy to find that his position is thus corroborated by the practical experience of another.

BELLADONNA TO ARREST THE SECRETION OF MILK.—The application of Belladonna to the mamma, either in form of tincture or extract, is highly recommended to arrest the secretion of milk.

NUMBER OF MEDICAL JOURNALS.—German, 58; Dutch, 8; Sweedish, 18; English, 30; French, 34; Belgium, 13; Italian, 12; Spanish, 9; Canadian, 3; United States, 40; total, 225.—*Memphis Medical Recorder.*

FESTINA LENTE.—Dr. Barker, in his introductory lecture, in the New York Medical College, says:

"Dr. Baillie, of London, remarked that he had never known a physician who, from any cause, acquired business rapidly in London, who permanently retained it. If it be rapidly acquired, this must be accomplished by means independent of those which give a firm hold on the confidence and affections of patients, for they cannot, at once, be displayed, nor can they at once learn their full operation. Sir Astley Cooper's receipts from his first year's practice, were $26; the second year $130; and so on, until on the ninth year, it amounted to $5,500. Afterwards, his receipts ran up in one year to the enormous amount of $115,500. Dr. Hope, with a well known London reputation, made $1,000 the first two years."

Southern Medical and Surgical Journal. — Drs. Dugas and Rossignol have retired from this old and valuable journal, and Drs. H. F. and Robert Campbell, have taken their seats. While we regret the loss of the former gentlemen from the corps editorial, we cordially welcome the latter.

Report of the Board of Health, to the Legislature of the State of Louisiana, 1857.—To the well directed energy and industry of the President and Secretary of the Board of Health, of this State, the public are indebted for one of the most thorougly digested and valuable reports we have ever seen. The system of mortuary record adopted in our State makes it impossible that any set of officers can present anything like a complete report for the State at large, but we feel authorized in saying that the amount of information furnished on as meagre data as can, under existing circumstances, reach the office of the Board of Health, is really more ample than could have been expected. Some of these days, when the legislative mind settles down to ideas more strictly utilitarian, we may expect the enactment of wise laws having for their object the establishment of and *enforcing* a complete system of registration of births, deaths, and marriages. Until that time the best directed efforts of the most faithful officers must fail to give entire satisfaction even to themselves.

The Report of Dr. Axson, the President of the Board, is able and interesting in the highest degree. He contends for the continuance of the Quarantine below our city, and urges it on our Legislature in terms both courteous and convincing. Our readers know this Quarantine has been in operation scarcely two years, and cannot yet be considered anything approaching a fair experiment in relation to the most important feature in our existence as a community, viz.:—the health of the people. Its adoption met with the most furious opposition on the part of the moneyed few, whose individual interests it somewhat interfered with, and during its short existence no efforts have been spared by these narrow minds to mar its usefulness and throw it into disrepute. Some of them have even in broad daylight defied the authorities, and landed their vessels at our wharves freighted with the very pestilence which has so crushed our people —thus exhibiting a spirit of recklessness and disregard for all moral and legal responsibilities, which must shock the feelings of all good men. Even now, it is said, that they are making every exertion to have the quarantine abolished by our present Legislature, but we have an abiding confidence that the most reasonable and praiseworthy wishes of the mass of our people will stand paramount in the eyes of our Representatives. We feel sure that they do not require to be reminded that they are assembled to enact wise laws for the benefit of the many, even though they may conflict with the paltry interests of the few, and that it requires always something more than mere assertion to prove the alleged injury to the latter.

The fact is, that two years' working of the quarantine, even under the most favorable circumstances, as regards faithful observance of the law, etc., cannot be considered by any unprejudiced mind as a valuable experiment; and when we come to review the past, and see how loosely the thing has been conducted, it would seem a very absurdity to think of abolishing it. Moreover, the institution has ceased to be a burthen to the State; in other words, it has become self-supporting, and if another argument be required to insure its continuance, this is the one of all others. The truth is, our Legislature must resolve on making a good experiment while they are at it, and let this thing go on uninterruptedly for five or six years more—at the same time enacting laws which will insure the severe punishment of all who break through the regulations. In this way only can they hope to settle a question of the very highest importance to the inhabitants of the entire Mississippi Valley.

Appended to the report of the President is a scheme submitted by our City Surveyor, Mr. Louis H. Pilié, for the complete drainage of the city of New Orleans, and all the swamp lands lying between the city and Lake Ponchartrain. We have been very much interested in the perusal of this paper, though, of course, we are not prepared to express an opinion as to the merits of the proposed plan. Certainly the sum named as the actual cost of the system of drainage—$650,000—is a sufficiently moderate price to pay for so great a boon as the health of our population. There is one thing very certain: if New Orleans is to continue the metropolis of the South, the whole swamp between her and the lake must be drained, and the sooner it is undertaken the better. The history of drainage, wherever adopted, is that it improves the health of the population under its influence. This is an incontrovertible *fact*, and there is but one deduction to be drawn from it.

The worthy and indefatigable Secretary of the Board of Health presents us well arranged and valuable tables, exhibiting the interesting points in the mortuary history of our city, from April 27th, 1855, to May 1st, 1856; also a "Report of the Vessels Detained at the Quarantine Station on the Mississippi River, from the 1st of April, 1856, to Date," and a "Statement of Receipts and Expenditures of the Board of Health, from May 1st, 1856, to 31st December, 1856."

Within the time above mentioned, there have been onlythirty-six vessels detained at quarantine; eight of these had yellow fever on board at the time of detention, three of them had small pox, two had bilious fever, two had ship fever, one had intermittent fever, one had pleurisy, and twenty-one had no sickness at all, but they were detained on account of being last from infected ports, as per proclamation of the Governor of the State.

The statement of receipts and expenditures shows clearly that the quarantine is now self-supporting, and we find that, after all the fuss and excitement about the heavy taxation on our shipping interest, the facts now go to show clearly that it has all been a mountain in labor. The whole amount of quarantine fees collected from all the points of detention, during eight months, is $19,465—or at the rate of less than $30,000 per annum.

From April 27th, 1855, to May 1st, 1856, the total number of deaths in New Orleans was 9,185. Of these, 3,748 were men, 1,678 women, 1,968 boys, 1,691 girls—adults, 5,426; children, 3,659; males, 5,713; females, 3,372; colored, 1,056. Diseases—zymotic, 4,671; nervous system, 1,207; respiratory system, 1,067; digestive system, 767; circulatory system, 130; locomotive system, 11; generative system, 59; urinatory system, 12; sporadics, 322; external causes, 839.

The year 1855 was characterized by two severe epidemics—one of cholera, from which disease 885 persons perished; and one of yellow fever, from which 2,670 perished. Take these from the aggregate of deaths, and we have the mortality from all other causes reduced to 5,530.

Appended to the Report is a very elaborate Meteorological Register, furnished the Board by Dr. J. B. Porter, U. S. A. It is a valuable addition to the Report, and reflects great credit on the author.

REPORT OF THE BOARD OF ADMINISTRATORS OF THE CHARITY HOSPITAL, TO THE LEGISLATURE OF THE STATE OF LOUISIANA, 1856.—In our February number we noticed the receipt of the above Report. We purpose now to offer our readers a summary of its contents, with a few remarks.

The number of admissions for the year 1856, was 9,432; discharged, 8,398; deaths, 974.

The expenses of the institution for the year 1856, amount to $73,328 11—or not quite $8 for every individual partaking of its benefits.

The revenues of the institution are derived from taxes on foreign immigrants, balls, concerts and theatres. The amount of revenue thus collected has been rapidly diminishing in the past few years, more especially that derived from foreign immigrants, and the Administrators are now asking our Legislature for an appropriation for the year 1857. This seems to be the more especially required, as numerous repairs are necessary.

The following items of expense will show the reader how the money requisite to keep up such an institution is expended. For meat, $10,413 68; bread, $7,714 22; milk, $2,289 66; groceries, $9,121 78; marketing, $2,689 94; drugs, $4,730 58; coal, $2,848 50; wood, $818 17; soap, $567 75; dry goods, $1,412 55; salaries of officers, $9,897 92; salaries of nurses and employees, $6,896 91; insurance $1,016 06.

The institution confers its benefits on all the indigent sick who may present themselves at its gate, without regard to nativity, religion, or character. For instance, we find in the Report 1,369 admissions from thirty States in the Union, and of these Louisiana furnished only 349. Thus we find an aggregate of 8,045 admissions of natives of the following foreign countries, viz: Ireland, 4,287; Germany, 1,378; France, 792; Prussia, 354; England, 329; Switzerland, 182; Scotland, 118; Austria, 63; Sweden, 30; Norway, 26; Spain, 52; Nova Scotia, 21; Sardinia, 52; Poland, 7; Denmark, 38; Portugal, 18; Belgium, 35; Canada, 49; Wales, 13; Hungary, 5; Italy, 14; West Indies, 18; Isle of Wight, 1; Greece 2; Russia, 6; Mexico, 15; Russian Poland, 12; Isle of man, 3; Canary Islands, 5; Minorca and Majorca, 6; Sicily, 7; Tuscany, 5; Isle of Guernsey, 1; Guadaloupe, 1; Holland, 21; Western Islands, 10; Prussian Poland, 5; Island of Jersey, 2; New Brunswick, 4; Baleares Islands, 2; Austrian Poland, 2; Martinique, 2; Island of Malta, 2; Bohemia, 5; Hindoostan, 2; Saxony, 24; New Foundland, 3; Chili, 3; Madeira, 6; Manilla, 3; Honduras, 1; Elba Island, 1; Prince Edward's Island, 1; Azores, 1; Orkney Island, 1; nativity unknown, 18.

Of the whole number of admissions, 7,483 were males, and 1,949 were females. Of the males, 753 died; of the females, 221 died;—or not quite 10 per cent. of the males, and not quite 9 per cent. of the females.

The reader will perceive that in the months of March, April, and May, 1856, the amount of sickness was lowest, yet there was but little difference between the summer, fall, and winter months of 1856 in this respect. For instance, in January, 851; February, 737; March, 660; April, 580; May, 694; June, 754; July, 826; August, 847; September, 890; October, 860; November, 853; December, 880.

Obstetrical Department.—Births—males, 64; females, 48; stillborn, 9; twins, 3 pair; presentations by the head, 99; do. head and feet, 1; do. head and shoulders, 1; do. breech, 1—total 121 births.

Medical Department.—We mention some of the more common diseases in alphabetical order:—arthritis, 19; ascites, 62; anasarca, 22; apoplexy, 12; bronchitis, 194; cholera, 28; do. infantum, 7; catarrh, 65; cephalalgia, 18; colic, 25; colica pictonum, 41; constipation, 60; whooping cough, 6; diarrhea, 608; delirium tremens, 206; dysentery, 303; debility, 71; dyspepsia, 16; dysmenorrhea, 19; enteritis, 40; erysipelas, 22; epilepsy, 20. *Fevers.*—intermittent, 2,029; remittent, 197; typhoid, 147; typhus, 27; continued, 15; pernicious, 30; yellow, 98; bilious, 57; bilious remittent, 36; scarlet, 2; chagres, 5; congestive, 15; puerperal, 3; bilious intermittent, 9; gastritis, 31; gastro-enteritis, 13; gastralgia, 13; heart, organic disease of, 46; hysteria, 19; hepatitis, 15; itch, 15; indigestion, 13; laryngitis, 6; leucorrhea, 15; measles, 24; metritis, 12; marasmus, 19; menorrhagia, 10; neuralgia, 29; paralysis, 36; pericarditis, 5; pneumonia, 85; phuro-pneumonia, 27; pleurodynia, 13; pleurisy, 581; pthisis, 343; peritonitis, 7; do. puerperal, 5; rheumatism, 427; do. syphilitic and gonorrheal, 38; scorbutus, 24; scrofula, 16. Besides a full proportion of all other diseases.

Surgical Department.—Amputations—dislocations, 22; fractures, 150; diseases of the eye, 343; abscess, 96; anthrax, 4; anchylosis, 4; aneurism, 5; burns, 47; bruises, 42; contusions, 187; caries, 13; coxalgia, 6; eliphantiasis, 5; fistula in ano, 14; gonorrhea, 88; hemorrhoids, 19; hernia, 17; hydrocele, 7; paronychia, 26; stricture of urethra, 22; sprains, 52; syphilis, 581; ulcer, 305; varices, 11; wounds, 261. Besides a variety of other things.

It will be seen that the number of patients treated in this great hospital during the past year, falls far below the average of several years past; our city has been blessed with an unusual state of health, and the statistics of the Charity Hospital tell it loudly. Yet for all this, who can glance at the vast array of disease here set forth, without at once recognizing in it all the richest soil in which a medical school was ever planted on this side the great Atlantic? We have written until we are tired, and yet we have not written half the names of human ills set forth in the Report. Our object has been to show that the diseases and accidents most commonly encountered by the practitioner are to be seen under this roof daily and in profusion, while there is no lack of subjects on which to study the rarer affections. All are here, and the utmost freedom is allowed the student: he can study from morning until night, day after day, and from year's end to year's end; there are no stiff formalities, no useless restrictions to foil him in his labors; the institution "knows no North, no South, no East, no West;" the student who has traveled a thousand miles finds the gate as wide-open and the welcome as cordial as he does who claims our city as his home from birth; all are engaged in a common and a noble cause, and liberality greets them at every step.

We would like to write more at length on this subject, but our space forbids. The Charity Hospital of New Orleans is not only an honor to Louisiania, but it is an honor to our whole country, and it is the greatest medical school in the land. Its fame is fast spreading, and not only are the recent efforts to more thoroughly develope its great advantages already bringing increased numbers of students of medicine into its wards, but practitioners of medicine, old and young, and from all parts of the country, are flocking in every winter to refresh their minds by the study of practical anatomy and disease in endless variety.

No one doubts that our Legislature will grant the appropriation asked for in the Report. If it is required, it will be given.

POISONS.—*Sale of Poisons in Prussia.*—The following is extracted from a letter in a recent number of *The Times:* 'The other day I wanted some corrosive sublimate to dress my dried plants, to prevent the ravages of the insects. I got it from Stargardt, but there came with it a *giftechein*—a paper specifying the name of the chemist who sold it, the quantity bought, and the date, and this I had to sign, seal, and return, when it was sent to the *Bureau de Police;* so that it could not be used by me without its being easily traced. The chemist is also bound to put on it a distinctive label, stating that it is poison; the one he put on was ornamented with a death's head and cross bones in the middle, and a little monumental cross at each side. Would it not be a good plan to be adopted in England?"—*London Lancet.*

England is not the only country that could be benefited by the adoption of stringent laws in relation to selling poisons. Our own people are, perhaps, more negligent on this score than any who claim to be truly civilized. The apothecary, or his clerk, retails arsenic, strychnia, etc., with as much freedom as he would soda water. His conscience is never for a moment troubled by the reflections—Who is it now offering to buy my poisons? Or, what does he or she intend to do with it? Or, even, is he or she white, black or yellow? The absorbing point is—has he or she five or ten cents to pay for it? If so, he or she is all right; the poison is handed over, the money is bagged, and the druggist dreams happily that night over his one or two hundred per cent. clear gain in the transaction. If, on the following morning, he reads in his daily paper that his next door neighbors have perished from poisoning, he either does not recollect that he sold poison yesterday to the servant of the unfortunate family, or, if he does, he soothes his conscience by saying that he had a right to sell it; there is no law forbidding him, and it was a legitimate cash transaction. Not only is there no law forbidding the sale, but there is no law requiring that he shall ask any impertinent question of the purchaser, and his maxim in life is to mind his own business and let other people manage theirs. Perhaps he did not label the package, "*Poison;*" yet, what of that? The purchaser did not ask that it should be labeled, and if he had volunteered such service, the customer might have taken umbrage and have purchased no more poison from him.

Is the picture too highly colored? Not one jot. It is hardly two years since a servant of the writer of this stepped over the way and purchased "two bits worth" of "Salts of Lemon," (Oxalic Acid!) for the ostensible purpose of taking iron rust stains from linen. The apothecary wrapped up the poison, took the "two bits," and, as the servant was going out of the door, reminded him that it was important to put the "stuff" where his master's little child could not get it, as it was "rank poison" and would certainly "kill." The servant's object in buying the poison was legitimate, he came home really frightened at what he had been told, and handed the bundle over to his mistress for safe keeping. He had been in the habit of purchasing "Salts of Lemon" for the laundress, and had been accustomed to throwing it about carelessly, but he had never known before that it was *poisonous*. It is hardly necessary to say what ought to be done with the apothecary.

Even while we write, the morning papers announce the poisoning of a whole family by arsenic, which was found in the kitchen by a newly hired cook, and was used in the food as salt. It seems that the cook who had preceded her in the employment of the family, purchased some arsenic for the purpose of poisoning rats. When she left the premises she forgot the arsenic which was lying on the mantlepiece. The new cook wanted salt, and finding this bundle, *without a label*, she used the contents.

It would seem that occurrences like these (and our daily prints teem with them) would arouse an enlightened community to efficient action for self security; yet a lethargy, in all that pertains to general civilization and security, pervades our people, and the evil goes on growing, until when they do attempt the attack, it will be found almost hydra-headed. A few medical journals and a few medical men make bold to speak out against it occasionally, but their voices are lost in the din created by the race after the "immortal dollar."

☞ We beg leave to call attention to the following card, which came enclosed to us in a late number of the Nashville Medical Journal. We earnestly hope that all the Southern States will be well represented at the next meeting of the American Medical Association.—*Eds.*

AMERICAN MEDICAL ASSOCIATION.

The tenth meeting of the Association will be held at Nashville, on Tuesday, May the 5th, 1857.

All bodies entitled to representation in the Association, would very much further and facilitate its affairs by sending lists of their representatives at an early period to the undersigned.

ARTICLE SECOND OF THE CONSTITUTION.

"The members of this institution shall collectively represent and have cognizance of the medical profession in every part of the United States, and shall hold their appointment to membership either as delegates from local institutions, as members by invitation, or as permanent members.

"*The Delegates* shall receive the appointment from permanently organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions in good standing in the United States. Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and shall participate in all the business and affairs of the Association.

"Each local society shall have the privilege of sending to the Association one delegate for every ten regular resident members, and one for every additional fraction of more than half this number.

"The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

"*The members by Invitation* shall consist of practitioners of reputable standing, from sections of the United States not otherwise represented at the meeting. They shall receive their appointment by invitation of the meeting, after an introduction from any of the members present, or from any of the absent permanent members. They shall hold their connection with the Association until the close of the annual session at which they are received, and shall be entitled to participate in all its affairs as in the case of delegates.

"*The Permanent Members* shall consist of all those who have served in the capacity of delegates, and of such other members as may receive the appointment by unanimous votes.

"Permanent members shall at all times be entitled to attend the meetings, and participate in the affairs of the Association, but without the right of voting; and when not in attendance, they shall be authorized to grant letters of introduction to reputable practitioners of medicine residing in their vicinity, who may wish to participate in the business of the meetings, as provided for members by invitation.

"Every member elect prior to the permanent organization of the annual meeting, or before voting on any question after the meeting has been organized, must sign these regulations, inscribing his name and address in full, specifying in what capacity he attends, and if a delegate, the title of the institution from which he has received his appointment."

Resolutions passed at the eighth meeting of the Association, held at Philadelphia:

Resolved, That no State or local society shall hereafter be entitled to representation in this Association that has not adopted its code of Ethics.

Resolved, That no State or local society that has intentionally violated or disregarded any article or clause in the code of Ethics shall any longer be entitled to representation in this body.

Resolved, That no organization or institution entitled to representation in this Association, shall be considered in good standing which has not adopted its code of Ethics."

Resolution passed at the ninth meeting, held at Detroit:

Resolved, That any new medical institution not heretofore represented in this body, be required to transmit to the Secretary, with the credentials of its delegates, evidence of its existence, capacity and good standing.

Medical presses throughout the Union are respectfully requested to copy the above resolutions at their earliest convenience.

ROBT. C. FOSTER,
Secretary Amer. Med. Ass., Nashville, Tenn.

A Present to the New Orleans School of Medicine.—To Dr. Hensley of this city, the Faculty of the New Orleans School of Medicine are highly indebted for a number of most beautiful and valuable preparations in wax and alcohol. The preparations are not only admirably calculated for illustration, but they will, also, tend to adorn the museum of the school. Such acts as this teach us clearly that our young and flourishing institution has a strong hold on the affections of our professional brethren, and, if possible, inspire us with a firmer determination to press onward.

Charity.—*The Beginning of the End.*—We have before told our readers that the Faculty of the New Orleans School of Medicine have established a Free Dispensary, for the benefit of the indigent sick. It is succeeding beyond our most sanguine expectations. But we took up our pen to say, that it is beginning to find its way to the hearts of our charitable citizens. One of our citizens, E. J. Hart, Esq., who has grown wealthy as a druggist, has voluntarily tendered us a donation of one hundred dollars worth of medicines whenever we may require them. Can we say more than, bread thus cast upon the waters must surely return ten fold.

"The Parlor Magazine. Edited by Mrs. V. E. Wilhelmine McCord, February, 1857."

It gives us great pleasure to acknowledge the receipt of this "Southern Literary Periodical," and we are, of course, proud to place it on our list of exchanges. We have heard that the fair and talented editress has had no little trouble in initiating this "Southern enterprise," but if the number before us is an earnest of what she can do—to say nothing of what she will do—we predict for her the fullest success. We know what it is to start a journal in the South, and can sympathise with her. The Parlor Magazine is well conceived, and contains much that is interesting. The mechanical execution is very good, but there is room for improvement in this respect, and we have no doubt it will be improved as soon as subscribers send in money enough to pay the expense.

The fair editress will, of course, see the necessity and the propriety, of our frowning on one feature of her journal. It is defaced with quack advertisements. Surely she, who has an idea of legitimate medicines so exalted as to induce her to exchange with its organs, cannot, at the same time, desire to patronize quackery! And *such* advertisements for our wives and daughters to find in their *Parlor Magazine!*

REPORT OF DEATHS IN THE CITY OF NEW ORLEANS FOR THE MONTH OF JANUARY, 1857.—Men, 126; women, 71; boys, 101; girls, 74; adults, 197; children, 175; males, 227; females, 145; colored persons, 57; total, 372.

Diseases—Abscess of brain, 1; do. of liver, 1; albuminuria, 1; apoplexy, 6; asthma, 1; brain, disease of, 1; bronchitis, 2; burned, 1; cancer of uterus, 1; do. of stomach, 2; catarrh, 3; casualties, 6; cholera, 1; do. infantum, 1; concussion of brain, 1; congestion of brain, 5; do. of lungs, 8; consumption, 48; convulsions, adult, 4; do. infantile, 13; puerperal, 1; cramps, 6; croup, 5; debility, adult, 5; do. infantile, 3; delirium tremens, 2; diarrhea, 13; dropsy, 6; do. of chest, 3; dysentery, 11; dyspepsia, 1; enlargement of heart, 2; enteritis, 10; epilepsy, 4; erysipelas, 1; eruption, 1; exposure and want, 4; fever, congestive, 1; do. intermittent, 1; do. scarlet, 4; do. typhoid, 9; do. typhus, 1; fracture of spine, 1; do. of skull, 1; do. of ribs, 1; do. of neck, 1; gangrene, 3; gastro-enteritis, 3; hemorrhage, 2; do. of lungs, 2; do. of womb, 1; heart, disease of, 5; whooping cough, 3: hydrocephalus, 3; inflammation of brain, 2; do. of liver, 4; do. of lungs, 19; do. of stomach, 2; do. of womb, 1: infanticide, 3; intemperance, 1; killed or wounded, 3; lues venerea, 1; lungs, disease of, 1; marasmus, infantile, 4; measles, 6; meningitis, 2; old age, 6; parturition, difficult, 1; peritonitis, 3; pericarditis, 1; parotitis, 1; premature birth, 1; scurvy, 2; small pox, 2; softening of brain, 2; do. stomach, 1; spine, disease of, 1; stillborn, 23; suicide, 2; teething, 5; tetanus, 4; trismus nascentium, 19; tumour of abdomen, 1; ulceration of bowels, 1; unknown, 1; worms, 1; wounds, 2; not stated, 14. Total, 372.

Diseases Classed—Zymotic, 56; nervous system, 77; respiratory system, 79; digestive system, 38; circulatory system, 10; urinary system, 1; generative system, 5; integumentary system, 2; sporadics, 26; external causes, 33; age, 30; non-specified, 15. Total, 372.

Ages—Under 1 year, 19; 1 to 2 years, 20; 2 to 5 years, 39; 5 to 10 years, 8; 10 to 15 years, 10; 15 to 20 years, 3; 20 to 25 years, 24; 25 to 30 years, 23; 30 to 40 years, 57; 40 to 50 years, 51; 50 to 60 years, 22; 60 to 70 years, 10; 70 to 80 years, 5; 80 to 90 years, 3; 90 to 100 years, 3. Total, 372.

Nativities—Africa, 2; British America, 1; England, 3; France, 9; Germany, 14; Ireland, 55; Italy, 2; Mexico, 2; Poland, 1; Prussia, 2; Scotland, 5; South America, 1; Spain, 1; Switzerland, 2; United States, 152; West Indies, 7; not stated, 113. Total, 372.

REPORT OF DEATHS IN THE CITY OF NEW ORLEANS FOR THE FOUR WEEKS ENDING FEBRUARY 22d, 1857.—Men, 112; women, 72; boys, 89; girls, 98; adults, 184; children, 187; males, 200; females, 171; colored persons, 92. Total, 371.

Diseases—Abscess of liver, 2; angina, 1; apoplexy, 11; asphyxia, 2; asthma, 1; bowels, disease of, 1; bronchitis, 5; burned, 6; cancer of uterus, 2; cancer 5; catarrh, 4; casualties, 3; cholera, 2; congestion of brain, 4; do. of lungs, 2; consumption, 44; convulsions, infantile, 22; do. puerperal, 1; cramps, 8; croup, 1; debility, adult, 7; do. infantile, 4; delirium tremens, 9; diarrhea, 7; dropsy, 2; drowned, 3; dysentery, 11; enlargement of heart, 1; enteritis, 3; epilepsy, 1; erysipelas, 1; fever, hectic, 1; do. scarlet, 7; do. typhoid, 8; do. typhus, 2; gangrene, 1; do. of stomach, 1; do. of lungs, 1; do. oris, 1; gastro-enteritis, 6; hemorrhage, 1; heart, disease of, 10; do. valvular, 2; whooping cough, 1; hydrocephalus, 1; inflammation of brain, 5; do. of liver, 4; do. of lungs, 21, do. of stomach, 2; infanticide, 1; insanity, 1; intemperance, 4; jaundice, 1; killed or murdered, 4; liver, disease of, 1; marasmus, infantile, 6; measles, 9; meningitis, 5; old age, 3; palsy, 1; peritonitis, 1; pericarditis, 1; premature birth, 3; scrofula, 1; scurvy, 2; small pox, 5; spine, disease of, 1; stillborn, 34; suicide, 3; teething, 5; tetanus, 2; trismus nascentium, 15; ulceration of bowels, 2; unknown, 1; wounds, 1; not stated, 7. Total, 371.

Diseases Classed—Zymotic, 55; nervous system, 74; respiratory system, 89; digestive system, 29; circulatory system, 17; generative system, 5; sporadics, 32; external causes, 21; age, 38; non-specified, 11. Total, 371.

Ages—Under 1 year, 104; 1 to 2 years, 22; 2 to 5 years, 26; 5 to 10 years, 13; 10 to 15 years, 8; 15 to 20 years, 6; 20 to 25 years, 17; 25 to 30 years, 36; 30 to 40 years, 68; 40 to 50 years, 35; 50 to 60 years, 13; 60 to 70 years, 11; 70 to 80 years, 9; 80 to 90 years, 1; 90 to 100 years, 1; 100 and upwards, 1. Total, 371.

Nativities—Africa, 1; British America, 1; Denmark, 1; England, 2; France, 6; Germany, 13; Ireland, 37; Prussia, 1; Sweden, 1; United States, 222; not stated, 86. Total, 371.

AN APOLOGY.—Our apologies are due our highly esteemed friend, Dr. T. J. Heard, of Washington, Texas, for the absence of his name from the article on Adherent Placenta, he was kind enough to furnish for our last number. We cannot account for the omission, unless in the usual manner—that it was "a mistake of the printer." We hope soon to hear from Dr. Heard again, and promise to treat him better.

ERRATA IN FEB., 1857, NUMBER.—Page 708, first line of "Obstetric Notes and Reflections," read *weeks*, instead of *months*. Page 711, third line from last of second paragraph, read *pectinea*, instead of *prectinea*. The second paragraph of page 747 should have followed immediately after the second paragraph of page 746. Page 718, sixth line from the bottom, instead of *James R. Nott*, read *James Arnott*.

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EXCERPTA.

APHORISMS ON THE HYGIENE AND NURSING OF INFANTS. From the last edition of BOUCHUT'S "*Traité Pratique des Maladies des Nouveaux Nés et des Enfans a la Mamelle.*" Translated by J. C. R., Dayton, O.—The child should be subjected to hygienic regulations from its cradle, in order to sustain its constitution if it is good, in order to ameliorate it, if bad.

We must combat, in early infancy, the scrofulous, gouty, and syphilitic dispositions inherited from the parents.

A man with impure blood should never think of perpetuating his race.

A woman who becomes *enciente*, should renounce those habits, pleasures, and fatigues, which may exercise an evil influence upon the health of the fœtus, if she wishes to give birth to a healthy child.

Blood-letting has a good effect upon gestation, but it should not be used unless plethora, local, or general, is present.

Denial of the unreasonable caprices of a pregnant woman cannot have any influence upon the health of the infant.

A woman can and ought to nurse her child, if she is in good health, and if her parents or immediate relations are not scrofulous, consumptive, or cancerous.

There are women of good constitution unable, nevertheless, to nurse, for their milk is small in quantity, badly elaborated, and dries up from the slightest causes.

A woman in whom the mammary secretion is very active previous to her accouchment, is almost always a good nurse.

A mother who nurses, can commence six or eight hours after the birth of the child.

A woman who nurses should not suckle the child oftener than every two hours.

An infant that takes the breast at regular intervals, sucks with more avidity than others, and drains the breast of all the milk it contains—and it is the part last obtained which is the best, as it contains more cream than the first parts of the flow.

Between eleven o'clock at night, or six or seven in the morning, a good nurse need only suckle the child once.

It is dangerous to take, for a hired nurse, a primiparous woman ; she is necessarily inexperienced.

A good nurse is from twenty to thirty-five years of age, with brown hair, the gums bright red, the form inclined to *embonpoint*, the breasts well formed, firm, and marbled with bluish veins.

A nurse should not have any mark, recent or ancient, of scrofula or syphillis.

The milk yellowish in the first months after birth, and bluish white afterwards, is an alkaline emulsion formed of water and solid principles dissolved or suspended.

The butter is only suspended in the liquid; the other principles are dissolved.

The milk should be abundant to be profitable.

The first part of the milk drawn from the breast is serous, the second part is thicker, and it is the last part of the draught which is the richest and the most charged with cream.

The milk (examined by the microscope) should be filled with globules, numerous, tolerably large, and well formed—for small globules, resembling dust, are a sign of its bad elaboration, and of its insufficiency.

Two few, or too many globules, are equally injurious.

The milk varies in its composition according to idiosyncrasy, temperament, constitution, the time elapsed since the accouchment, the time since the last repast, the regimen of the nurse, the action of the genital organs, etc., etc.; but the differences are not so great as to modify the precept: "If the infant thrives, then the milk is good."

The milk is altered in composition by the febrile state, and by acute and chronic diseases.

Fever diminishes the quantity of milk, reduces the number of its globules, and concentrates its solids in a smaller proportion of water.

The effect is the same, in different degrees, in all acute affections and in some chronic ones.

Pus is sometimes mixed with the milk, in cases of abscess of the breast.

The influence of diseases upon the composition of the milk, is not special and specific, for they all have the same effect, which is the same as that of fever.

The milk of a healthy nurse, which is too rich, or two highly charged with solid elements, is indigestible, and causes diarrhœa.

Milk altered, reduced and impoverished, by fever or by disease, also causes diarrhœa.

Milk altered in its composition by fever, or disease, does not always exercise an injurious influence upon the health of the child.

Whatever may be the cause of alteration in the composition of the milk, the result is always the same for the infant—the accidents which arise have always for their seat the digestive canals, and diarrhœa is always the consequence.

Milk which does not present any alteration appreciable to chemical analysis, may yet be altered in its intimate elaboration in such a manner as to make it an injurious aliment.

Spasms, or instantaneous convulsions, result ordinarily from changes caused in the secretion of milk by mental affections, too lively emotions and impressions, agreeable or painful, experienced by the nurse.

Mental impressions dry up suddenly the secretion of milk, or modify seriously the proportion of its solid elements.

The happiness which a woman feels in fulfilling her duties of nurse, is the cause of the internal sensation at the moment she is going to nurse the child, known as the *draught*.

The premature return of menstruation in a nurse, modifies slightly the chemical composition of the milk, and injures its elaboration; but if the infant does not appear to suffer, which often happens, the nurse may be retained.

A nurse should abstain from sexual intercourse, if she experiences great excitement.

A nurse should likewise abstain through fear of pregnancy, which modifies the milk in quantity and quality, so as to render it injurious to the child.

A change of nurses has no injurious effects, when necessary to replace a poor one by a better.

The nurse should be changed as often as may be necessary.

Suckling, by mother or nurse, may give place to artificial feeding.

Feeding by the nursing-bottle is far inferior to suckling—although when well carried on it sometimes yields highly satisfactory results.

Artificial food should be administered during the earliest periods of life, by means of the nursing-bottle, filled with tepid milk diluted with barley-water, or oat-meal gruel; afterwards with milk alone.

An infant needs nothing more than milk, during the first months of life. At the age of six months it may commence to take light soups.

Greasy articles of food should not be given until after the first year.

The time of weaning should be fixed between the twelfth and twentieth month.

One of the periods of repose in the progress of dentition, should be chosen for weaning—that which comes after the appearance of the first twelve, or of the first sixteen teeth.

Weaning should be commenced by keeping the child from the breast during the night.

After some weeks' separation from the mother at night, the child should be denied the breast in the day-time also, and it thus arrives at an independent existence.

Infants and children should be carried into the sunlight and open air in all kinds of weather.

Clothes which fit the body, without contriction, are preferable, in all weathers, to loose ones, which expose different portions of the skin to the cold.

Infants should be washed in tepid water, every day, and as they become habituated to it, in water nearly cold.

ON THE USE OF BI-SULPHURET OF CARBON AS AN ANODYNE AND ANÆSTHETIC. *By Mr. James Schiel, of St. Louis, Mo.*—The bi-sulphuret of carbon has been used since its discovery as an anodyne and anæsthetic, or as a substance producing cold by evaporation; but there appeared to be no definite manner of using it, except perhaps in diseases of the eye. If a few drops of bi-sulphuret be placed in a so-called eye-bottle, and the open eye held close over the bottle, a sharp burning sensation is felt, which after a few seconds becomes intolerable, tears flowing abundantly: if the eye is then taken off, a sensation of coldness ensues, by no means disagreeable; this and the similar use of the cyanhydric acid, forms the chief part of Turnbull's treatment of inflammatory diseases of the eye. The following manner of using it, in cases of neuralgia of the face, in toothache, rheumatic or otherwise, and in similar affections, will, in many instances, be found an admirable means to relieve the patient of his sufferings. Mix equal parts of bi-sulphuret and alcohol, pour a little of the mixture on a tuft of cotton, and rub it pitilessly from five to six seconds over the affected part; a strong burning sensation follows, lasting only a few seconds; when this has ceased, the suffering of the patient has ceased with it in most cases. Sometimes a second or even third application, at intervals of two or three minutes, is necessary, and the pains will disappear as if the suffering part had been touched with a magic rod.

I have even used it in two cases of bilious colic—a strong dose of calomel having previously been given. Rub a teaspoonful of the mixture (alcohol and bi-sulphuret) over the abdomen; by this, and an injection containing one-half a teacupful of gylcerine, complete cures were effected in both cases, the pains ceasing a few seconds after the application.

As an anæsthetic, by inhalation, I would not recommend the bi-sulphuret, as a few experiments with the smaller animals do not encourage its use for that purpose.—*Med. & Surg. Jour., St. Louis.*

THE PHYSIOLOGY OF THE SUPRA-RENAL CAPSULES. *By Dr. E. Brown-Sequard.*—Dr. Addison's discovery of the correlation of bronzed skin with disease of the supra-renal capsules, has attracted the attention of physiologists particularly to the functions of these bodies; and among the most interesting of these researches are those submitted to the Académie des Sciences by Dr. Brown-Séquard. He states:

1. That the supra-renal capsules are very sensitive.
2. That they are not organs belonging, either exclusively or principally, to the embryonal life, as they grow notably after birth, and relatively as much, in many animals as the kidneys.
3. That the extirpation of the supra-renal glands, in living animals, seems to be always and very quickly followed by death.
4. That the adult animals die much sooner after this operation than the very young ones.
5. That, even after extirpation of only one of the supra-renal capsules, death has been a constant result, but much later than when the two capsules have been taken away.
6. That death, after the extirpation of the two capsules, cannot be considered as the consequence of the injury to the peritoneum, to the liver, to the kidneys, or to the sympathetic nerve; and, therefore, that the principal cause of death results from the absence of the capsules.
7. That there is a very common disease in rabbits, which seems constantly to cause death, and which consists in an inflammation of the supra-renal capsules.
8. That the symptoms of this disease are mostly the same as those which exist in animals after the extirpation of these glands, and that these symptoms resemble those observed first by Addison in man, in cases of bronzed skin, with the exception of the deposition of pigment in the skin.
9. That the irritation of the sympathetic nervous system has a share in the production of these symptoms, and also in the causes of death.
10. That the principal cause of death is an alteration in the blood when the supra-renal capsules have been taken away, or when they are so altered that there is a cessation of their functions.

Dr. Brown-Séquard draws the three following conclusions from the facts he has ascertained.

1. That the supra-renal capsules seem to be essential to life.
2. That the extirpation of these organs generally produces death more quickly than the extirpation of the kidneys.

3. That the supra-renal capsules have with the cerebro-spinal nervous centres many relations of reciprocal influence.

Besides these results of his researches, Dr. Brown-Séquard has announced at the Societé de Biologie that he has found pigment-granules and pigment-cells in the blood of animals after the extirpation of the supra-renal capsules. He believes that one of the functions of these glands is to destroy or transform pigmentary substances. He grounds this view on many facts :

1. Deposition of pigment in the skin in cases of considerable alteration of the supra-renal capsules in man.
2. Presence of a notable quantity of pigment in the blood of animals after the extirpation of these glands.
3. Very small size of the supra-renal capsules in albino rabbits, and great development of these glands in negroes.—*Virginia Medical Journal.*

A CASE OF COMPLETE OSSIFICATION OF THE FŒTAL HEAD.—*By Professor Allen.*—I was called in consultation by Dr. Haynes of this place, to see Mrs. M——, in protracted labor. There had been vigorous uterine action for twelve hours, the waters had been discharged, the head presenting in the first position. The relative capacities of the head and pelvis seemed properly proportioned, yet there has been no advance of head for many hours. After making thorough exploration, no efficient cause for the tardy expulsion could be arrived at. There could no fontanellas be traced—the sutures were closely adjusted, and indeed, a miniature *adult* head, was presenting. There could be no lapping of the bones, no diminution of size from compression, and craniotomy was determined upon. So firm was the osseous matter, that the performator could not be introduced by any safe force. Prof. Hughes, was then requested to see the case, and bring some instrument, by which the bone could be penetrated. By persevering drilling, and the use of a bone saw, the head, was, at last, opened, the brain removed, the forceps applied, and the head, after some considerable effort, was brought into the inferior passages and delivered. On examination, the sutures were found as firmly united as on the adult—the osseous matter almost flinty. The difficulty was, undoubtedly, in the non-compressibility of the head, as the proportions were such as would under the ordinary state of the fœtal head, have been entirely consistent with a natural and easy delivery.—*Iowa Med. Jour.*

CASE OF LABOR COMPLICATED WITH PROLAPSUS OF THE VAGINA. *By L. C. White, M. D., of Savannah, Ill.*—Having had a case recently that presented some points of interest, I have thought it might not be amiss to give its details publicity.

On the 25th Sept. last, I was called upon to visit Mrs. H., about seven miles out of town, in her eighth confinement. On making an examination, I found a tumor, anteriorily to the vulva, representing the circumference of the vaginal canal, hard and resisting, and of dimensions corresponding to the size of a perforated placenta. The labor had progressed somewhat; os uteri dilated; the head passing the superior strait in a normal position. Resuming the examination, I became convinced that it was not a tumefied condition of the labiæ, but a relaxation of the walls of the vagina—in other words a prolapsus of that organ.

To reduce the tumor seemed impossible, but thinking it might not interfere materially with the progress of the case, I concluded to wait patiently for events.

I will here remark, *en passant*, that this same relaxation had existed (so my patient informed me) in her last two or three confinements, and that it had been down for two weeks previous to the present time.

Waiting about six hours, during which time pains were exceedingly feeble, and feeling anxious to terminate the delivery as soon as possible, I administered twenty grains of the secale, in infusion, and repeated twice at intervals of twenty minutes. Its administration produced its effect but the prolapsus, despite my efforts, increased upon me.

At four o'clock, A. M., sixteen hours after my arrival, the head presented at the inferior strait, but further progress seemed mechanically impossible, owing to the increased prolapsus and accompanying tumefaction. I had previously urged the necessity of *turning*, but it was looked upon with decided disfavor. I now informed the husband that the child must be sacrificed in order to save the life of the mother. I then at once dispatched a messenger for my instruments, and at the same time summoned my friend Dr. Woodruff, of Savanah, wishing to have the aid of counsel in so unusual, so unique a case.

As the pains were at this time powerfully propulsive, without the remotest possibility of doing any good, I gave a full dose of sulph. morphia, which had the effect to produce an entire cessation, so that when Dr. W. arrived, four hours thereafter, the head had receded, and I had been enabled to reduce the tumor to the condition in which I found it.

Turning was still objected to, and there was so much tumefaction externally that it was thought impossible to apply the forceps. Shortly the pains returned and the head presented, preceded by the walls of the vagina as before. The tumefaction was enormous, completely filling up the passage, and the head could not pass by any effort of nature, I, therefore, with a cutting instrument, reduced the diameter of the head, and with the aid of the blunt hook succeeded in accomplishing delivery—a very laborious and difficult operation indeed, occupying about half an hour in performing it. The tumor externally was large enough to weigh four pounds, but from the pressure against the pubes was in a paralyzed condition.

Being taken ill myself, the subsequent treatment of the case devolved upon Dr. Woodruff, who informs me that the sloughing was somewhat extensive, and he thinks there must be immense cicatrices within the vaginal canal, which will probably preclude the same amount of relaxation hereafter. But the remedy may prove to be as bad as the original disease; at least I should think so. I should say that Dr. Woodruff succeeded in reducing a large portion of the prolapsed organ.

Now, is this a new disease, or is it not? I cannot find in any of the standard works on obstetrics an allusion to such a malady as prolapsus of the vagina, or even relaxation of it. I do not, therefore, think that such a case has been provided for, or even anticipated by obstetrical writers.

But I do not claim to be the discoverer of a new disease in this connection, or to have produced it. This honor, if honor it be, belongs to another one of the genus homo. Mrs. H., the lady in question, was attended in a confinement about five years since by an individual of the Thompsonian school, yclepеd Eclectic. Being summoned in attendance, he promptly responded with about two quarts of tr. lobelia, and a ten ounce syringe. Suffice it, that after keeping his patient under the influence of his 'remedy' about twenty-four hours, the system became so much relaxed that the vagina *came down*, and she was delivered in great peril. The relaxation has continued ever since—and it had not existed before. What a commentary upon quackery! and what a disgrace to the Medical Profession it is, that such facilities exist for unqualified and unscrupulous men to enter its precincts and dub themselves with its honors.

Savannah, Jan. 1857.—*Northwestern Med. and Surg. Journal.*

OBSTETRIC FORCEPS, WITH JOINED BLADES.—M. Camille Bernard, some months ago, read to the Academy of Medicine, a memoir on the use of forceps, in which the blades are joined (*forceps assemblé.*) He has used an instrument of this kind for twenty years, notwithstanding that he frequently met with the obstacles which are said to oppose the introduction of the two blades together—such as narrowness of the vulva, pressure of the head into the hollow, face presentation, and narrow pelvis. If the vulva is dilated by the fingers, and the perinæum depressed, the two blades are easily introduced. The introduction of the forceps is most simple and readily performed, and has never been productive of harm to mother or child. In difficult cases, M. Bernard has been able to operate without assistance, and sometimes even without the knowledge of the patient. When the instrument is introduced into the pelvis, the blades are separated by the hand which remains outside, and which readily appreciates the amount of resistance; the other hand guides the instrument and protects the maternal structures. In many cases, M. Bernard has been able to complete delivery when the ordinary forceps had been used unsuccessfully.—*Assoc. Med. Journ.*

IODINE IN VOMITING IN PREGNANCY.—*By Dr. Eulenberg.*—Dr. J. B. Schmitt some time since recommended the tincture of iodine in the vomiting of pregnant women, when this may be regarded as a neurosis. He gives one case in particular, in which a woman who had, in consequence of vomiting, had four abortions, and became pregnant with her fifth child. Two drops of the tincture given every two hours completely kept the vomiting under, as long as it was continued, the vomiting only returning when it was suspended. At last, a dose two or three times daily, sufficed. Dr. Eulenberg has also met with a remarkable case in a healthy woman, thirty-five years of age, who had suffered from sickness in every pregnancy, and on this occasion had become much reduced. As she was very susceptible to the action of medicines, he ordered her tinct. iod. ℈j.; sp. vini r. ℥iij. Three drops to be taken in water every three hours. By the second day all the most distressing vomiting had disappeared, and she was again able to keep water on her stomach, and in a short time she quite recovered. The *modus operandi* of such small doses of the tincture is not very easily explained; but it is to be observed, that the iodide of potassium exerts scarcely any influence. It is probable that it only influences the vomiting, inasmuch as this is a neurosis, and abnormal condition of the nerves of the stomach.—*Med. Times & Gaz.*

ON THE EFFECT OF BELLADONNA IN ARRESTING THE SECRETION OF MILK.—*By R. H. Goolden, M. D.*—As nothing is read with greater interest by practical men than your reports of clinical facts, I hope I may claim a corner in your journal at as early a date as convenient, to relate the following cases, illustrative of the effect of belladonna in arresting immediately the secretion of milk.

E. J.——, aged twenty-eight, was admitted into Anne's Ward, St. Thomas's Hospital, with severe rheumatic fever. She had been ill four days, with a child at the breast four months old. At the time of her admission, she had swelling and acute pain in both wrists, right elbow, both knees, and left ankle. The knee-joints were distended with synovia, and erythematous patches were on the skin of the knees, ankles and wrists. She was bathed in perspiration, and the secretion of milk was abundant. According to the regulation of the hospital, the child was removed; indeed, from her helpless condition, it was necessary, considering the difficulty of attending to an infant in a ward with other patients. Soon after her admission she took eight grains of calomel and a grain and a-half of opium, followed by a senna draught; and one scruple of nitrate of potassa, ten grains of bicarbonate of potassa, and half a drachm of spirit of nitric ether in peppermint water, every four hours. The joints were covered with cotton wool.

On the following day, at two o'clock, I found she had been freely purged; the joints were in nearly the same state. She had had no sleep. The breasts had become tumid, hard, painful, and knotty, and extremely tender. The superficial veins were distended. Some milk had been drawn, but the process was attended with great pain, and we could not listen to the heart's sounds on account of the tenderness.

A milk abscess, in complication with rheumatic fever, was of all things to be avoided, and unless the secretion could be at once arrested, it appeared inevitable. In this state I recollected that I had somewhere met with an observation (but I cannot remember whether it was in an English or foreign journal,) that atropine applied externally to the breasts would dry up the milk; and thinking it reasonable, I caused the areola of the breasts to be smeared with extract of belladonna, in the same way that it is used to dilate the pupil of the eye. I likewise ordered the addition of half-drachm doses of colchicum wine, knowing that whenever milch cows eat the meadow saffron in the pasture, they immediately become dry; and though I have not much faith in colchicum as a remedy in rheumatic fever uncomplicated with gout, there could be no objection to its use, and it has the sanction of much higher authority than my own.

On my third visit the following day, the first inquiry was about the breasts They are all right. But was it the colchicum or belladonna that had relieved them? The extract was used before I left the ward; before the mixture was given, the secretion of milk had been arrested and the breasts had become soft. The rest of the case has no further special interest. I will only state that there was no heart affection, and that the fever, though very severe while it lasted, was of short duration, and the patient left the hospital quite well in fourteen days.

The second case that occurred to me was uncomplicated with any disease, and such as would usually fall under the care of the accoucheur rather than the physician.

A lady, the wife of a clergyman, was traveling with her husband, and, in order to accompany him, had weaned her baby (then seven months old.) Happening to be at Oxford at the commemoration festival, he came to me in great trouble, telling me that his wife had done a foolish thing in weaning the child, and that they were now arrested in their progress in consequence of the state of her breasts. They were tumid, very tender, painful, and hard, with large superficial veins, and the milk had been drawn with difficulty several times, with temporary relief. I recommended the application of the extract of belladonna to the areola, desiring them to send for a medical practitioner if the inconvenience did not immediately subside, or unless she felt quite well. A few days brought me a letter, giving a very satisfactory account, and thanking me for what she was pleased to call my wonderful prescription. Within two hours she was perfectly relieved, the milk absorbed, and (what is very important) there was no fever or other inconvenience attending the sudden suppression of the milk; and instead of taking the opening medicine I had prescribed for her, she continued her journey the next morning.

I have not been able to discover that the fact that belladonna is available for the purpose of arresting the milk secretions, is at all generally known—certainly it was not to several accoucheurs in large practice of whom I have inquired. The fact is important, if true, for then milk abscesses will become a matter of past history, and probably many diseases of the breast may be rendered less complicated by its use.

The two cases I have detailed are not sufficient to prove that it will always be either successful or safe, but they render it highly probable that it is so. My assertion may have a temporary interest, and soon be forgotten, and the opportunities of observing milk abscesses, and their early progress, do not occur with such frequency, to a hospital physician, even in private practice, as that I may hope to bring together a sufficient number of facts to lay them before you. The fact has already been noticed, and if you will invite others who have more opportunities of special observation to try the experiment, and give you *short extracts* of cases bearing on the subject, with the names of observers, I am sure you will confer a favor on the profession.—*London Lancet.*

CHEMICO-LEGAL ANALYSIS OF BLOOD.—In the trial of a man charged with the murder of a female, the author had to prove the identity with blood of red stains found on his garments, and on an axe and its handle. The stains were scraped off with a knife, or where that was impossible, were dissolved out by water, and the solution evaporated at a very low temperature.

1. The substance was heated in a glass tube; it became black, and gave off thick white vapors, smelling like burning feathers, and browning curcuma paper, which color disappeared on lying in the air.

2. It was gradually heated to redness with a little sodium, the residue dissolved in water, filtered, mixed with a few drops of a solution of protoxide and peroxide of iron, and over-saturated with muriatic acid; which caused a precipitate of Prussian blue.

3. A watery solution was heated to boiling; it separated a brownish grey coagulum, which disappeared on the addition of caustic potassa; the liquid now had a greenish color.

4. A solution was mixed with chlorine water; it was decolorized, and white floccules were separated.

5. On the addition of nitric acid, a greyish, finely flocculent precipitate took place.

6. Tannic acid produced a greyish precipitate with a tinge of violet.

The axe and its handle had evidently been washed; a few spots on the handle could not be dissolved in water, but caustic potassa took them up; at the same time, however, the liquid became of so dark a color that it was unfit for testing it. What little remained on the iron was carefully scraped off; an admixture with iron rust could not be avoided, which remained behind on heating with caustic potassa; chlorine decolorized the alkaline liquor and precipitated white floccules. The scrapings were however, *insoluble* in pure water, thus proving Rose's experience of the insolubility of the red coloring matter of blood in water, in the presence of the oxide of iron, to be correct.

The author also corroborates Rose's statement, that earthy matters render the red coloring matter insoluble in water; but on the green liquor, No. 3, he could not observe the dichroism of which H. Rose speaks; also in an alkaline solution of fresh coagulated ox-blood, he could see but a faint red color in reflected light although he experimented with concentrated and diluted solutions.—*Wittstein's Viert. J. Schr.* v. 382–389. *American Journal of Pharmacy.*

COLLODION.—*By L. Hoffman.*—The author has occupied himself with the preparation of collodion for photographic purposes, and recommends the following process, which may also be rendered applicable in surgery by additions. The best addition is castor oil, to deprive the collodion of the property of contracting so strongly and becoming cracked.

One part of loose, clean cotton-wool is immersed for a quarter of an hour in a mixture of twenty parts of dry nitrate of potash, and thirty parts of English sulphuric acid, in a suitable glass vessel, capable of being closely covered with a glass plate. During this time it is once strongly stirred. The mixture is then poured into a pail of pure water, and well washed, and this operation must be repeated until the last traces of salt and acids are removed. The xyloidine obtained is then put into a linen cloth, pressed sharply, and teased out before drying, so as to remove all knots. The drying is effected upon a common stove in a suitable sieve.

Schacht has already recommended the same proportions, but has not prescribed the employment of the dried salt, and he has also confined the time of action to 4—5 minutes. Xyloidine thus prepared did not dissolve so readily and completely in the mixture of ether and alcohol, and the preparation in course of time lost the property of dissolving easily. Six parts of xyloidine, obtained by the above process, were dissolved by shaking in a mixture of one hundred and twenty parts of ether, and eight parts of the most highly rectified alcohol, and three parts of castor oil were added to the solution.—*Chemical Gazette, October* 15, 1856, *from Archiv. der Pharm.—American Journal of Pharmacy.*

CURE OF ITCH IN HALF AN HOUR BY SULPHUR IN THE LIQUID FORM. *By Dr. Edward Smith.*—[Dr. E. Smith here draws attention to an article by Dr. Bourguignon in confirmation of the value of sulphur, combined with lime, in a liquid form, in the treatment of itch.]

The remedy is prepared by boiling one part of quick-lime with two parts of sublimed sulphur, in ten parts of water, until the two former are perfectly united. During the boiling it must be constantly stirred with a piece of wood, and, when the sulphur and lime have combined, the fluid is to be decanted and kept in a well stopped bottle. A pint of the liquid is sufficient for the cure of several cases. It is sufficient to wash the body well with warm water, and then to rub the liquid into the skin for half an hour. As the fluid evaporates, a layer of sulphur is left upon the skin. During the half hour the acarus is killed, and the patient is cured. It is only needful then to wash the body well, and to use clean clothes. In Belgium the treatment is introduced by first rubbing the body for half an hour with black soap; but this does not appear to be necessary. The only essential act is that of the careful application of the fluid sulphur. The lime is of no importance in the treatment except to render the sulphur soluble, and such would probably be the case if potass or soda were employed. The chief point in the plan thus employed, and which is an improvement upon the mode of application of sulphur in substance with lard, is the more ready absorption of the remedy, and consequently the more certain and quick destruction of the insect, by using sulphur in a fluid form. In so disgusting a disease, it must be of great moment to be able to cure it in half an hour.—*Association Med. Journal, March* 8, 1856, *p.* 195.

TREATMENT OF SCABIES BY SULPHURET OF CALCIUM. *By W B. Kesteven, Esq.*—This treatment has been completely successful in every case in which I have tried it. I have not kept an exact record, but should state the number at between thirty and forty. At the parochial institution in which I have had opportunities of putting it in operation, the greatest satisfaction is expressed at getting rid of the old filthy proceeding of inunction with sulphur ointment, and the saturation of blankets, etc., with the greasy mess.

Directly the slightest appearance of scabies manifests itself, I have the part well washed with the solution of sulphur for half an hour, and then left to dry. This proceeding is repeated on the following morning; and at night, or next morning, ablution with soft soap is performed. It is very rarely that a third application is required; in most cases, the second is unnecessary, but I enforce it in order to make security doubly sure. When the washing has been thoroughly and effectually performed, the apex of each vesicle appears of an opaque yellowish white color, indicating that the sulphur has penetrated to its contents, and has destroyed the acarus.

So speedy, cleanly, and effectual a method of curing so loathesome a disease, is an immense boon, and cannot be too widely made known. By its means an offensive and often tedious plan of treatment is often superseded.

The cases with which I have had to deal, it should be stated, have been nearly all recent; but I am informed by my friend Dr. Fuller, of St. George's Hospital, that he has succeeded by the same plan in curing a case that had long resisted ordinary modes of cure.—*Association Med. Journal, June* 28, 1856, *p.* 549.

ON URTICARIA. *By Professor Budd.* Nettle-rash may be produced in various ways; but its most frequent cause, and that which especially concerns us at present, is the imperfect digestion of particular articles of food. Amongst the substances that have been observed to bring it on, are shell-fish, especially crabs and muscles, pork-pie, fish, when tainted or out of season, honey, mushrooms, cucumbers, almonds, and oatmeal. The symptoms are too well known to require notice. The main object of treatment is to expel as soon as possible the offending matter. The stomach should first be emptied by an emetic of ipecacuanha or sulphate of zinc, and the bowels then cleared by a warm but quickly-acting purge. To allay the cutaneous irritation, Dr. Budd is in the habit of prescribing a lotion, made by mixing half a drachm of acetate of lead and half an ounce of tincture of opium with eight ounces of water.

In those cases in which the nettle-rash seems to be referable to several substances in common use, rather than to one special substance, it may sometimes be kept off by the administration (before dinner) of the rhubarb and ipecacuanha pill, or of a few grains of rhubarb. Dr. Budd gives a case which shows very satisfactorily the occasional efficacy of rhubarb in this disorder.

"It sometimes happens (says he) especially in women, that the nettle-rash, though depending immediately on the stomach, occurs only when digestion is weakened by over-fatigue, or by anxiety, or some other mental emotion, or by profuse monthly discharges, and that remedies of a different class are availing. In some such cases, when all the means I have before spoken of had failed, I have known the eruption disappear under the use of carbonate of ammonia, alone or in conjunction with tincture of gentian."—*British and Foreign Med. Rev., July,* 1856, *p.* 46.

ON QUININE IN TYPHOID FEVER. *By M. Dietl, of Cracow.*—Professor Dietl, of Cracow, is, doubtless, known to our readers from his excellent clinical observations on the inutility of venesection in cases of pneumonia, and on the exanthemata of abdominal typhus, etc. He has just published an interesting paper, in which (like our own Graves) he advocates a nourishing and tonic regimen in fevers, instead of the severely antiphlogistic measures which had been too much in vogue. The dietetic part of the treatment he considers as more important than the pharmaceutical; and advises that, instead of combatting the disease, we should strive to strengthen the patient, to enable him to overcome the attack. Good nourishment and pure air are, therefore, indispensable. He thinks that the diet should not consist of weak slops, such as tasteless beef tea, gruel, thin milk and water, and diluted tea; and advises the diet to be fluid, sapid and nourishing—the milk to be unreduced by water, and the beef tea to be strong.

He considers cold applications to the head to be injurious, increasing the sopor without diminishing the heat; for the heat and stupor in typhus are the result of a dyscrasia, and not of a simple cerebral congestion, and, moreover, the continued cold has a paralyzing effect on the nerves and blood vessels.

As regards internal remedies, he admits there are few of much service. He assigns considerable importance to the use of mineral acids; and gives a preference to the administration of phosphoric acid in frequent and moderate doses, as being more agreeable, and less likely to disturb the digestive functions.

He considers quinine to be a medicine of the greatest service in typhus; for, though no specific, it certainly removes many serious and dangerous symptoms, when it is carefully used. The beneficial influence which it exerts on the nervous system is very marked. When, from the tenth to the fourteenth day of the fever, we have the face becoming pale and contracted, accompanied with restlessness, excitement, rigors, subsultus, tendinum, and delirium, then quinine is indicated. Its operation is so rapid and so sure, that we can reckon on a diminution of these symptoms in a few hours from its use. According to Dietl, the most restless, furious and delirious patient becomes, under its administration, in five or six, or at most in twelve hours, perfectly calm and self-conscious—knows his friends, and gives rational answers; the hands and tongue are no longer tremulous; the hurried and often interrupted respiration becomes regular and quiet; the burning skin turns moist; the pulse is diminished in frequency; and a refreshing sleep occurs, which is the ordinary forerunner of a rapid convalescence. In order to attain these beneficial effects from quinine, the remedy must be given in large doses, (at least five grains at once,) and in solution rather than as pills or powders. All other medicines must be omitted also during its administration. Dietl commonly administers it thus: ℞ Quinæ sulp. ʒj, acidi sulp. dil. ʒss, aquæ ℥vj. M. Each ℥ss of this contains five grains of quinine.—*Med. Times and Gaz.*

Mortality of Women in Child-birth.—In 1848, 61 mothers died to every 10,000 children born alive in Great Britain. Since that time, the mortality has progressively declined, as follows: 58, 55, 53, 52, 50, down to 47 in 1854.

This is a gratifying result, and there can be no doubt that, by further care and skill, and especially by training up a class of educated nurses, the deaths in child-birth may be largely reduced from their present high number, 3,009.

Dispersion of Milk.—M. Coutenot has found the expressed oil of hemp seed an admirable means for the rapid dispersion of the milk, employing it in abundant warm frictions, and then leaving the breast covered with wadding soaked in it. It is of no effect where inflammatory action, consequent upon engorgement, has set in.—*Union Méd.*

Ergotine in Epidemic Diarrhea.—M. Massola, during an epidemic diarrhea that proved very fatal to the Sardinian troops in the Crimea, found astringents, tonics, opiates, or stimuli of little avail, and then tried the effects of ergotine in about twenty of those patients who were suffering from profuse chronic asthenic diarrhea. From 15 to 30 grains were given in 30 drachms of sweetened water, a tablespoonful being taken every half hour. The result was in the highest degree satisfactory, when all future experiments were cut short, the supply of ergotine having gone down in the Crœsus.—*Comtes Rendes.*

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MEDICAL OLLA PODRIDA.

By R. B. S. HARGIS, M. D., U. S. N.

MESSRS. EDITORS:—Professor Stone, in his article in the New Orleans Medical News and Hospital Gazette, Vol. I, No. VI, 1854, on primary and secondary amputations, mentions a very interesting and instructive case, "showing the recuperative powers of nature in young subjects, when constitutions have never been abused"—which suggests a similar example of the restorative forces in cases that have attained the meridian of life, with constitutions unimpaired by intemperance, abusive habits or disease.

Mr. John Higdon, of Santa Rosa County, Florida, a sawyer by trade, while conducting the machinery of a mill, about two years ago, received a compound comminuted fracture of the leg; the tibia was separated about half an inch above the internal malleolus, and the lower third of the fibula was crushed into fragments; the former protruded, perfectly denuded, about two inches, and when the attempt was made to adjust the parts, the piece came away entire. The parts below the injury received sufficient blood to sustain nutritive action, and, amputation being deemed inexpedient, were adjusted, dressed and treated in the usual way. After discharging a few fragments of bone, the laceration kindly healed, with constitutional symptoms of little gravity, and the patient was able, in a few months, to return to his vocation with the aid of a crutch.

Some six years ago, in consultation with two confreres, I was desired to visit a negro man, aged about 40 years, who had received a gunshot wound of the knee. The shot were large, 00 buckshot. On examination, the part was found greatly swollen, and five distinct points of entrance were apparent; but no breach, indicating a passage through, was observed. The introduction of a probe afforded no satisfaction as to the precise locality of the shot; one, however, was embeded, no doubt in the internal condyle of the femur, and another, from the intense pain produced by an attempt to move the joint, was lodged, probably, within or near it.

The fellow had a vigorons constitution, and exhibited in his demeanor a sullen and brutish indifference as to his probable fate, and bore his sufferings with a churlish resistance of complaint. Apprehending that either tetanus would ensue, or the patient wear out with constitutional irritation, or require a recourse to secondary amputation—reaction being fully established, and the patient in a favorable condition—I advocated immediate amputation; but my confreres dissented, and by mutual consent the patient was put under the antiphlogistic treatment with cold water dressings to the seat of injury. After several months of great suffering from pain, weariness of the recumbent position, and fever, he recovered with a "*stiff knee.*"

About a year ago I had a case of *ozœna*, which had supervened on a severe attack of catarrhal fever; all remedies, constitutional as well as local, that experience suggested and the books recommended, together with many others that seemed appropriate and worthy of trial, were used during a reasonable length of time, without the slightest benefit, on the contrary, the patient grew worse daily, and became a source of regret and unhappy anticipations. Pus, exhaling a very fetid odor, mixed up with a soft filamentous substance containing spiculæ of bone, was discharged in great quantity. In this extremity, I thought of a case which came under my observation some years since. An old lady had, for several years, been laboring under scrofula in one of its worst forms; the alæ of the nose and their integuments, the vomer and palatine arch, together with the uvula and surrounding soft parts, and the cheeks and upper lips, had been carried away by the ulcerative process, and at the time I refer to, pieces of bone were still being exfoliated, and, with the decayed tissues, were coming away from the ulcerated surface. The parts, particularly at night, became dry and painful, and recourse was had, generally, to cold lotions for relief. One night it happened that nothing was at hand, except an infusion of green tea (*Thea Viridis*), which had been left in a pot on the hearth; this was used, and afforded temporary relief. The next day the diseased parts were much less painful and better in every way than usual; the amendment was very naturally attributed to the tea, and thenceforward a regular daily application of it was made, until a perfect cure was effected. Influenced by this circumstance, I had recourse to the tea, as a dernier resort; the relief was almost immediate, and improvement progressive, and a permanent cure was effected in a few weeks.

I have since repeatedly used an infusion of this article as a collutorium in chronic affections of the throat, as well as in leucorrhea, with satisfactory results. In the chronic diarrhœa of children, a tablespoonful of a strong infusion of the green tea, three or four times a day, is superior to any other vegetable astringent I know of.

Mrs. M., in accouchement with her second child, experienced indications of approaching labor on the morning of the 9th October, 1856—pains gently increased as the day waned, until 9 o'clock, P. M., when they became so violent as to induce her to assume the recumbent position, and summon me to attend. I found her lying on her back, and free from excessive pain; indeed, since she laid down, the uterine contractions had become very feeble and recurred at long intervals. I made an examination per vaginam, and found the os uteri dilatable, soft, and parts of natural temperature, well lubricated with the vaginal secretion, yielding, and in every way well prepared to give a facile exit to the fœtus. Having waited some time in anxious expectation of return of pains, I became rather impatient, and began to think seriously of the propriety of administering ergot. In the meantime, the patient desired to be permitted to walk; I consented, and she had scarcely walked across the room, ere the pains returned with great intensity. She was again suffered to lie down, and again the uterus became inert, and remained so until she resumed her promenade. I then let her have several pains, and on making another examination, I found the labor rapidly advancing; the mouth of the womb largely dilated and presentation easily distinguishable. Again she was allowed to lie down, but the pains ceased immediately, and did not recur until she resumed the floor, when they came on with increased violence, and completed the labor in a few minutes.

The atony of the uterus in this instance was no doubt caused by an excessive quantity of *liquor amnii*, which was discharged during the first throes of labor; when the recumbent posture was assumed, the fœtus gravitated towards the fundus of the uterus, but the moment the erect position was taken, the fœtal head descended upon the cervix uteri, and induced contractions.

This is seemingly a simple and unimportant case, but it is certainly very instructive. The inexperienced accoucheur might, under similar circumstances, be led to give ergot, (a procedure always to be avoided if possible,) when the mere change of position effected all that could possibly have been desired.

PENSACOLA, March, 7, 1857.

CONCLUDING REMARKS ON THE TREATMENT OF CROUP.

By Edward Jenner Coxe, M. D., Visiting Physician Charity Hospital, New Orleans.

In the last number of this journal, I offered a few remarks on the treatment of Croup, with especial reference to the necessity or propriety of resorting to the operation of tracheotomy, at an early stage of the disease, as a means of cure, as recommended by Dr. C M. Jones. The following extract from the valuable essay on Croup by Dr. J. Cheyne, from its applicability to the main objects of these remarks, requires no apology for its insertion. He says: "Hoarseness in very young children does not usually attend a common catarrh, and hence when observed in a child, this symptom is always much more deserving of attention, especially when accompanied with a rough cough, than it would be after puberty;—having had innumerable opportunities of ascertaining that inflammatory affections of the mucous membrane of the larynx and bronchi, in children, owe their complexion to the mode of treatment adopted during the first six or eight hours of the attack, when no other symptom but hoarseness exists."

In proceeding to detail the mode of treatment, and the particular remedies, in my opinion entitled to the confidence of the profession, the object will be best attained by supposing a case to be under treatment, noticing seriatim the different remedial agents employed, with such remarks as may seem appropriate to each.

Hive Syrup is placed first, because my experience forces me to attach the highest importance to it, believing that it more perfectly meets the important indications as to the course of treatment, than any one of the remedies more generally prescribed for the primary symptoms. Hive Syrup is a compound of squills, senega, snake root, water, sugar, or "honey, as originally prepared," with one grain of tartar emetic to each ounce of the syrup when made. It may not be amiss to state that the syrup uniformly employed in my practice contained double that quantity.

When remembered, that in croup, particularly if the primary symptoms are of a violent character, or in a short time assume them, there is a well marked insusceptibility on the part of the stomach, to the action of nauseants, or emetics, it appears almost unnecessary to observe that the dose and frequency of administration must depend upon the violence of the symptoms actually present, no less than the tendency to the great rapidity of their progress, very frequently observed. While in some cases, a few moderate doses will prove sufficient to cut short the disease, in others it it is necessary to give it in much larger doses, as tea or tablespoonfuls, and even at times to bring to our aid no small quantities of calomel, alum, ipecacuanha, and tartar emetic, before we shall succeed in effecting the object desired—nausea and vomiting. In treating a case of croup, in which a few doses of hive syrup shall have produced a decided amelioration, easily recognized, I am accustomed to conjoin paregoric, more or less frequently, with the syrup, for the purpose of calming the system, preventing coughing, and producing sound sleep, with the frequent result of the child awaking the following morning free from every symptom of croup, although there may remain a catarrhal cough, requiring subsequent treatment for its removal. Knowing, however, the insidiousness of this disease, and the great tendency to a recurrence of the symptoms the ensuing night, in greater or less intensity, one of the characteristics of croup, an excess of precautionary measures has ever appeared advisable—such tending to prevent that probability; for which purpose repeated doses of the syrup are given during the day, occasionally adding paregoric, in quantity judged necessary. Should the bowels not have been moved (by no means of rare occurrence) a dose of calomel or one or more of castor oil, or senna tea, are given for that object. Satisfied of the controlling power of hive syrup in all stages of croup, and the advantage of a timely use of paregoric in conjunction, I have frequently, in my own children, and others, peculiarly susceptible to croup, when seized at night with the well-known and unmistakable croupy cough, given at once a full dose of hive syrup and paregoric, with the effect of completely arresting the disease, and of having to deal with a simple catarrh the next day.

That the squills and senega, in the syrups, both highly commended by many in the treatment of croup, are really of value, cannot be questioned; but to the influence of the tartar emetic is attached far greater power, believing that when freely used, independent of its nauseant and emetic properties, always to be sought for, it acts in accordance with the contra-stimulant system of Rasori, Laennec, and others, as used in different inflammatory diseases, as a controller of the peculiar inflammatory condition of croup, and consequent preventive of the false membrane. Whatever may be the opinion of others, in reference to the value of tartar emetic in croup, my experience forces me to consider it as the most reliable and certain remedy with which to combat that disease; and, fully aware of the apprehensions entertained by many of the profession as regards the free, or even the limited employment of it in those of tender years, I can assert that as far as my experience extends, in no one instance, in children, has it occurred to me to observe the slightest appearance of any unpleasant or dangerous effects from its use. By no means do I wish to deny the possibility of alarming symptoms resulting from the use of tartar emetic in children, in whom, except in croup and a few inflammatory diseases, I never employ it; yet, in this disease, confessed by all to be most dangerous and frequently fatal, my faith in its positive curative power is too strongly fixed to allow me even to think of dispensing with it, and were it even more dangerous than imagined by its opponents, or should I unfortunately meet with such effects, provided I can succeed in curing the croup, I would no less hope to be enabled to overcome such consequences.

Numerous authorities in favor of the curative power of tartar emetic in croup could be adduced, but that of Dr. J. Cheyne, of Edinburg, is so clear and conclusive in all respects, that others may be dispensed with. He alludes to his recommendation many years previously, of half a grain of tartar emetic dissolved in a table spoonful of water, to a child two or three years of age, every half hour, till sickness and vomiting are produced; and in two hours after the last act of vomiting, the same process is to be recommenced, and so repeated while the strength will admit. This practice was suggested by the following case: A child with disordered bowels, so delicate as not to admit of being let blood, was threatened with croup, every night for five or six nights. Whenever the breathing became difficult, the child took as much of the antimonial solution as induced vomiting, and invariably with relief to the difficult breathing. Perceiving that in croup, then pretty generally supposed to be a disease of the trachea, every part of the inner surface of the lungs, from the larynx through the ramifications of the bronchial tube, was in general affected, and considering that nothing could more effectually moderate the vascular action in that organ, and at the same time dislodge the exudation which fills the bronchial tubes, than the solution of tartar emetic, all reliance was placed on that remedy, in the second stage of croup, more especially as it was found that blood-letting in that stage only accelerated the death of the patient. The solution of tartar emetic was prescribed the more freely, from a child having been observed to take six or eight grains of tartar emetic without vomiting being produced. In few cases has the writer known children survive the second stage of croup; in all these, however, they recovered, while using a solution of tartarized antimony. Emetics he had repeatedly given in the second stage of croup, bnt in these cases of recovery, the patients were kept sick for two or three days, with scarcely any interval. With the exception of tartar emetic, no medicine with which he is acquainted, is entitled to confidence in the second stage of croup. Indeed, tartar emetic, in croup, so as to produce continued nausea, has been his sheet anchor since 1799."

It was in consequence of such favorable results, that Dr. J. R. Coxe, of Philadelphia, was induced to prepare the Hive Syrup, which for more than fifty years has retained the confidence of the profession, and when properly prepared, and judiciously though freely used, rarely will it disappoint our expectations.

In reference to the other articles frequently employed for the treatment of croup, as ipecacuanha, alum and sulphate of zinc, there is no doubt that in mild cases they may, at times, prove successful; but as they act simply as emetics, removing the contents of the stomach, and possibly what may be contained in the bronchial tubes, without materially affecting the general system, or producing a permanent nauseant impression, I have never placed that confidence in them, to induce a resort to them, except as auxiliaries, for the successful treatment of croup; nor do I find in the cases reported, that success which can lead me to believe them equal in any respect to the tartar emetic as contained in the hive syrup. The depressing effects, a necessary and most desirable consequence of a full influence of tartar emetic, which does not result from the employment of the others, or at least to the same extent, constitute, in my opinion, one of its most decided advantages, and a prominent reason for its selection as a remedy pre-eminently adapted to the treatment and cure of croup, and the prevention of the false membrane. In the absence of hive syrup, or when found of doubtful quality, (too frequently the case,) tartar emetic in solution should at once be resorted to, and continued in frequent doses every five, ten or twenty minutes, until nausea, and finally free vomiting, be the result.

The next remedy to be noticed for the treatment of croup, one of no mean power, is the warm bath.

While this, at the commencement of an attack, may be used with benefit in all cases, it is especially serviceable, and often indispensable, in those of a severe character, when found difficult, if not impossible, to produce nausea or vomiting. In such cases the relaxation caused by the bath will rarely if ever fail to produce speedy and full vomiting. In using the bath, the water should be rather more than tepid, care being taken to keep it at the same temperature by the occasional addition of small quantities of hot water, which should be at hand, and also to surround the child and tub with a blanket. These precautions duly observed, the bath has invariably proved beneficial. While in the bath, constant and pretty forcible friction should be made over the whole body and limbs, and if necessary, the syrup is to be repeated according to the demands of the case. When removed from the bath, the child should be wrapped in a blanket previously warmed, and laid on the bed, or in the lap of the mother or nurse. In some cases it is necessary to repeat the bath once, or more frequently.

The next remedy is the application of irritants to the throat and upper part of the chest. From the commencement of the attack, it is proper to rub these parts with a stimulating liniment, for which purpose one of the following may be used: Hartshorn and sweet oil, pepper, vinegar, No. six, turpentine, or whatever of a stimulating character may be at hand. A mustard or ginger poultice, or a piece of flannel with lard, or any simple ointment spread on it, and dusted with cayenne pepper and mustard, are quick and efficient. The strength and frequency of the application of the irritant must depend upon the severity of each case. The snuff plaster, first recommended by Dr. Gorman, or a leaf of tobacco moistened with vinegar or water, though remedies of a violent character, are often required in dangerous cases, when other remedies will not act. I have frequently been compelled to resort to them, always with benefit, and thus far without the least injurious, or even excessive effect. Some families are accustomed to use the snuff plaster to the breast and throat whenever symptoms of croup appear, always followed, as they have informed me, with good effect; never by any unpleasant symptoms.

Cold water, as an external application to the throat, by means of a thick compress, which is to be covered by a dry towel, is another remedy possessing the confidence of many. Associated with frequent doses of hive syrup, it is asserted to display no little power in arresting the progress of the disease, provided it be used at the commencement of the first symptoms. Confident as I am of the efficacy of cold water, in many diseases, when judiciously employed, I confess never to have tried it in croup, as a means of prevention or cure, firmly believing that croup, however mild may be the primary symptoms, is to be regarded as one of great danger, and demanding a determined and apparently severe course of treatment, if we desire to be certain of a successful termination.

General bleeding from the arm, perhaps the most certain and speedy of all remedies, is noticed last, because by pursuing energetically the course of treatment advocated, especially the free use of hive syrup, we shall most generally effect such an amelioration of the croupy cough and inspiration, as to obviate the necessity of resorting to venesection.

There are cases, however, in which, from the very commencement of the attack, it is apparent that the abstraction of blood is the only remedy on which we ought to depend, to overcome the inflammation and co-existing spasm, to prevent the formation of the false membrane, and hope for a cure. Even here we should lose no time in giving large and frequent doses of hive syrup, to which must be added tartar emetic, calomel and ipecacuanha.

In reference to the quantity of blood that ought to be taken, it is evident that no general rule can be laid down; that must depend upon the existing symptoms, and not the age of the patient. At times quite a moderate quantity will produce a speedy influence upon the peculiar and well known hoarse, dry, metalic cough and inspiration, while in others, it will require a very large quantity before evincing the slightest impression upon that dangerous condition. One of two events, life or death, hangs upon the issue, and in fear and trembling have I found myself compelled to continue the flow of blood until commencing convulsions made their appearance before the disease would yield. In all of these severe cases, there followed no unpleasant results from the loss of blood, yet was pretty active treatment, as to the exhibition of hive syrup, calomel and purgatives required for many days before perfect health was regained. In such, and indeed, in all cases, the physician should either operate or be present, as he alone is competent to decide upon that point. As to the age of the child upon whom venesection should be performed, my opinion has always been, that if the necessity for bleeding really existed, the age should not be regarded, and although I have never been obliged to bleed a child under three years of age, I should not hesitate to make the effort in one younger, although it might be difficult or, perhaps, impossible to find a vein. As to the application of leeches to the throat or breast, although at times I have used them, I must say, that the necessary inconvenience attendant upon it—as, the exposure, the length of time, the uncertainty of the amount drawn, and the subsequent flow—induce the belief that as much injury as probable benefit is likely to follow; and I, therefore, rarely have recourse to them. The attack having been subdued, subsequent bronchial symptoms often occur, when their employment is decidedly beneficial. The operation of cupping, when the local abstraction of blood may appear necessary, is a valuable means, and can conveniently be performed on the upper part of the chest.

In conclusion, I would remark to those apprehensive of injurious consequences from the free use of tartar emetic in croup, resort at once to venesection, regard it as the sheet anchor; then resort to hive syrup, or the milder or less efficient syrup of ipecacuanha, or kindred remedies, in the firm belief of most generally having a favorable result.

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A CASE OF STRANGULATED INGUINAL HERNIA—OPERATION—RECOVERY—RADICAL CURE.

Reported by S. Choppin, M. D., House Surgeon Charity Hospital.

The subject of this observation, John O'Neil, a native of Ireland, aged 50 years, was first admitted into the Charity Hospital in the month of April, affected with a direct inguinal hernia, which had been produced five days before his admission, by the kick of a mule. When seen and examined in the ward, the scrotum was swollen, and painful, the patient complaining of excessive pain in the lower part of the abdomen, and of a sensation of dragging from the back. His bowels had not been moved for forty-eight hours. His pulse was quick and thready, and he complained constantly of a feeling of nausea, which occasionally was relieved by vomiting. The nature of his affection was evident. He was laboring under a strangulated *hernia*.

He was placed in a warm bath, a large emollient injection was given him, and a quarter of a grain of tartarized antimony administered every half hour. As he came out of the bath, a freezing mixture, composed of four parts of ice and one of common salt, was applied, by means of an oil-silk bag, to the scrotum. When an hour had elapsed, taxis was performed, and the hernia was readily reduced. The man remained a few days in the hospital, a truss was applied, and he was discharged, feeling no other inconvenience, except the recurrence of the hernia when pressure with the truss was removed from the external abdominal ring. On the 10th day of of November, at 3 P. M., that is, eight months after his first admission, the same man was brought to the hospital, suffering intensely from the same complaint.

The patient being questioned, told us that on the morning of his admission, while in the act of lifting a heavy can of milk, he suddenly felt something give way in the lower portion of the abdomen. Upon an examination of the parts, he found that the hernial tumor had increased in size; he immediately attempted to push it back, as he was accustomed to do, but failed. Several physicians were then called in, and each one attempted the reduction of the hernia by taxis. Their attempts were unsuccessful, however, and finding that the tumor was becoming swollen and painful, it was determined to send him to the hospital.

When admitted, at 3 o'clock, P. M., he was complaining of great pain and distress about the bowels and scrotum. The tumor of the scrotum, formed by the protruded gut, was hard and tense, very much swollen, and excessively painful. The countenance of the patient expressed great distress and suffering, and he was uneasy and restless. The bowels were constipated, neither wind nor fæces passing from them. Vomiting had set in since ten o'clock that morning, and was continuing, with much retching and straining. At first, the matter ejected consisted of the contents of the stomach, with some bilious matter, but when admitted, it had become stercoraceous, owing, probably, to inversed peristaltic motion extending as far down as the constricted part of the gut. He complained bitterly of colic, and dragging pains about the navel. His pulse was quick, small and hard, and the heat of the skin was great.

With such an array of symptoms, the diagnosis was easily made, as there was no doubt as to the existence of a strangulated inguinal hernia.

Immediately after his admission, the freezing mixture was applied to the hernial tumor, and one grain of morphine was administered internally. After waiting a sufficient time for the above applications to act, attempts at reduction by the taxis were made, by the then assistant surgeon of the hospital, Dr. Vance, but without success.

Deeming an operation necessary, I was sent for. I came, and found the patient in great distress, suffering with intense pains both in the abdomen and scrotum. The tumor was swollen, inflamed and very much bruised, from the attempts at reduction previously made. The parts were in such a condition that any further attempts at taxis were deemed unnecessary, and an operation to relieve the strangulation was determined upon.

Accordingly, at 4½ P. M., he was placed upon the operating table and chloroform was administered, until anæthesia was complete. I then began the operation by making an incision four inches in length in the direction of the long diameter of the tumor, and then dissected, layer by layer, until I reached the hernial sac, which was easily recognized by its bluish and glistening appearance. After arresting the oozing of blood from the wound, we opened the sac, in order to divide the stricture. I am not one of those who believe that the difficulty in strangulated hernia, is referable to the increased contraction of the opening through which the intestine has passed; but that it is all owing to the increased quantity of the substance passing. A hernia, then, is always the direct cause of its own strangulation, unless the aperture by which it escapes from the abdomen consists of muscular fibre so arranged as to be able to contract around it, as in diaphragmatic or ventral hernia. But neither in inguinal, femoral nor umbilical forms of hernia do we find muscular action concerned in the causes of strangulation. Fortunately, this antiquated doctrine—which has too long, for the welfare of humanity, referred the cause of strangulated hernia to spasm of the muscles—is almost exploded.

The sac was next opened, by raising it from the intestine with forceps, and then a small opening was made with a knife, and enlarged on a director. The constricted point was, in this case, in the neck of the sack, and I believe it to be so in all cases of strangulated hernia, whether inguinal, femoral or umbilical. I accordingly introduced my bistoury through the contracted neck, and, after being certain that the part was freed from the presence of any fold of the intestine, I divided it freely.

The intestines were very much engorged with blood, and already symptoms of active inflammation were manifest. The contents of the sac, after being well cleansed, were returned with perfect ease into the cavity of the abdomen. The quantity of blood lost was slight. The wound was closed by sutures and adhesive straps, and pressure made over the external abdominal ring by means of a truss. The patient was then removed to his bed and thirty drops of Battley's Sedative were given him. Cold water was kept applied to the wound by means of compresses, during the whole night.

At twelve o'clock at night I visited him, and finding some tenderness on pressure of the abdomen, I immediately ordered two grains of calomel and one quarter of a grain of opium to be given every two hours. Frictions of mercurial ointment were made over the abdomen, and anodyne poultices applied.

Next morning, the pain on pressure still existed, and his pulse was frequent, beating 106 a minute. I then ordered him three drops of the concentrated tincture of aconite (Fleming's tincture) every two hours, and the powders of calomel and opium were continued.

The drops of aconite were administered during the whole day, and they produced the desired effect—of reducing the rapidity of the circulation.

The second night was passed very comfortably. The next morning, the gums being slightly touched with mercury, the calomel was stopped. His condition was most satisfactory indeed. Cooling drinks and a little chicken broth were allowed him during the day; the aconite, however, was continued until evening, when it was ordered to be discontinued. At bedtime the patient was ordered twenty-five drops of Battley's Sedative, after taking which, he slept quietly, until he was aroused by an ignorant and meddlesome night nurse, who made him take a teaspoonful of the contents of a small vial which he found lying on the table near the bed. This vial contained the concentrated tincture of aconite. The effects of the poison were not long in showing themselves. I visited the patient ten or fifteen minutes after he had swallowed the poisonous dose, and found him in great distress. He was vomiting, and complained of a sensation of burning in the stomach, and oppression of breathing. On my asking him as to the cause of his symptoms, he answered, that he believed they had been brought about by the last medicine I had ordered him to take. Upon inquiry, I soon found out the sad mistake that had happened at the hands of the nurse. I immediately ordered large doses of sulphate of zinc, and favored emesis by large draughts of warm water. The matter ejected was a frothy mucus.

Although he vomited considerably he still complained of pains in the stomach, constriction about the pharynx, and felt a tingling sensation all over the body. His remarks were that he felt as if he had been whipped all over the body with nettles. This tingling sensation soon grew into a sense of numbness. His pulse fell from 90 to 38 in a short space of time. He complained of perfect blindness, and in fact was unable to distinguish the light of a candle placed immediately in front of his pupil. The sensibility of his body had considerably diminished, and there was complete prostration of the whole muscular system.

During this excessive muscular debility, although he evinced great disinclination to be disturbed, still his mental faculties were not disordered. The hearing was unaffected.

The sensibility of the body was greatly impaired, his face, and the skin over the other parts of the body, were almost insensible to touch. He had no cramp, spasm or convulsion, but seemed to be in a perfect lethargic condition. During my stay with him, which lasted three hours, I administered stimulants, but with no apparent effect.

Towards two o'clock, A. M., finding that the headache, vertigo and dimness of vision were aggravated; that the countenance grew pale and anxious, the muscular debility increased, and the voice became weak, I left him, under the impression that death was inevitable.

Before leaving, I left orders with the watchman to observe the patient until death took place; to notice particularly the mode of dying, and to come and let me know.

To my great astonishment, he came two honrs afterwards and informed me that the patient was getting better. I immediately visited him, and found his pulse beating 60 a minute. Sensibility of the skin had returned, dimness of vision had disappeared; he still felt, however, a sensation of numbness in the extremities. I found upon inquiry, that he had had three or four copious evacuations from the bowels, and the quantity of urine excreted was great. At seven o'clock, A. M., he was still improving, and from that moment he began to recover. There were no symptoms of inflammation about the abdomen or scrotum, and we have no doubt but that inflammation was prevented by the excessive state of prostration produced by the over dose of aconite.

From that time no unfavorable symptoms occurred. The wound healed kindly, and the hernial sac having adhered, formed a plug, which obliterated the opening through which the hernia had occurred. The patient was discharged from the hospital on the 10th of December, perfectly well.

I have examined the case since, and have found the ring perfectly plugged up: and there had been no return of the hernia, although the patient has been doing heavy work since he left the hospital.

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SPECIAL SELECTIONS.

RUPTURE OF THE UTERUS.

By Marshall Hall, M. D., F. R. S., etc.

Gentlemen:—This is the most fatal of all the accidents which attend the processes of gestation or delivery, but fortunately it is of rare occurrence. Dr. Fleetwood Churchill has collated 113,138 cases of labor, out of which number it occured in 85, or about 1 in 1331.

Any part of the uterus may be the seat of laceration. It occurs far more frequently at the junction of the os and cervix with the vagina than at any other part, and it is more common at the anterior or posterior surfaces of the lower segment of the uterus than at the sides of the organ. It may occur at any part of the fundus or body of the uterus, or extend through out its whole length. Sometimes a rent is made in the cervix, without extending to the rim of the os. In rare instances, the laceration extends to the bladder. Several cases are on record, in which the laceration has been circular in form, and has completely separated the os and a discous portion of the cervix from the rest of the organ. Occasionally, the lacerations are incisform and numerous, being found immediately under the peritoneal surface; and it has occurred that all the symptoms of ruptured uterus have been caused by separation of the peritoneum from the uterus, and sub-peritoneal effusion of blood, without actual laceration of the fibres of the uterus. In other cases the mucscular structure has been torn, the peritoneum remaining uninjured. The reason of the great comparative frequency of the lacerations at the os and cervix is readily understood. It is in this situation that the great amount of the extending forces of the uterus and the distending forces of the fœtus, are brought to bear in parturition. The reason of the subperitoneal lacerations will also be understood, if we bear in mind the anatomical insertion of the fibres of the external layer of the uterus into its peritoneal coat. The shape and the exact direction of the laceration may vary almost infinitely. The edges of the rupture are generally ragged and uneven, and in some cases softened, or even putrid.

Rupture of the uterus occurs in cases where labor has been rapid, and also in cases where it has been protracted. The majority of cases occur, however, in labors which have been under twenty-four hours, and which could not on account of their length be classed as preternatural labors. It may happen at any age, but in the majority of cases on record, women who were the subjects of it have been upwards of thirty years of age. It may, I think, be doubted whether this circumstance arises from increased power, or diminished developement, of the uterus in women who are advanced in the childbearing epoch. The presentation of the child has a considerable influence upon the occurrence of the rupture. Out of 303 ases of all presentations collated by Dr. Trask, 16 were arm presentations, or about 1 in 16. As the proportional frequency of arm presentations, compared with [other presentations, is only about 1 in 230, we must consider that rupture of the uterus occurs relatively, in a much larger proportion of arm than of other presentations. On the other hand, 2 of the 303 cases, or 1 in 151, were breech presentations. As breech cases occur in about the proportion of 1 to 59 of all presentations, we must conclude that the tendency to rupture of the uterus is less in breech than in other presentations.

It has been stated again and again by obstetric authors that women are less liable to rupture of the uterus in first than in subsequent labors; and by many it is accepted as a proved position in obstetrics, that this accident seldom occurs to primiparous women Thus, two of the latest and best authorities, Dr. Fleetwood Churchill and Dr. M'Clintock, state that "it rarely occurs with first children," and "it is a well-established fact, that women in their first pregnancies are very rarely the subjects of ruptered uterus." An appeal to statistics will modify this opinion very considerably. Dr. Churchill gives 75 cases, ranging from the first to the eleventh pregnancies, 9 of which were in primiparous women. The particular distribution of these cases was as follows:—As already mentioned, 9 were cases of first pregnancy, 14 occurred in the second, 13 in the third, 11 in the fourth, 2 in the fifth, 9 in the sixth, and 8 in the seventh, the remaining 9 cases being divided in smaller number amongst other pregnancies Dr. Trask, of the United States, has collected 303 cases, ranging from the first to the seventeenth pregnancies, in which 24 occurred in the first pregnancy and labor, 18 in the second, 17 in the third, 21 in the fourth, 18 in the fifth, 16 in the sixth, and a smaller proportional number in successive gestations. Thus, out of 75 cases given by Dr. Churchill, it occurred in first pregnancies in 9 cases; and out of 303 collected by Dr. Trask, 24 happened in primiparous women. If, on the one hand, we take first labors, and compare them with subsequent labors, all grouped together, no doubt the primiparous is less liable to the accident than the multiparous woman. But if, as is the fair way of putting the case, we compare first labors with second, third, fourth labors, etc., separately, we shall find that the primiparous woman is hardly, if at all, more exempt than women in second or third labors, etc. Instead, therefore, of saying there is anything like an exemption in favor of the primiparous women, all which the facts warrant us in stating is, that the uterus developed for the first time is not more likely to become ruptured than in subsequent pregnancies.

The causes of uterine rupture are, some of them, those circumstances which produce precipitate labor, while others are connected with tardy labor, or depend upon particular conditions of the uterus. Violent uterine action alone, after the rupture of the membranes, when the pelvis and fœtus are of the normal size, may rupture the organ. Before the evacuation of the liquor amnii there is seldom any risk of laceration. The danger of this accident is very much increased where the fœtus is of large size, or where the pelvis is below the natural dimensions. It is liable to happen in quick labors, where the uterine contractions are very powerful, where the child is a little above the usual size, and where the pelvis is only slightly contracted, or where both these conditions meet together. In such cases, the violent contractions tend to tear the os and cervix uteri; the fœtal head contributes to its laceration by distension, and the walls of the organ are at the same time weakened by compression between the fœtal head and the pelvic walls. The sex of the child has a material influence as a cause of rupture. Of 54 cases described by Dr. Collins and Dr. M'Keever, the births were 38 boys and 16 girls. The accident also occurs in tardy labors, when the uterus acts strongly, and when the head is large, as in hydrocephalus, or when the pelvis is deformed to a great extent. In these cases, the most violent and long continued contractions of the uterus are exerted to overcome the difficulty, and the organ is necessarily bruised by the distorted pelvis and the head of the child. Very much the same state of things is produced by certain malpresentations, as, for instance, when an arm case is left to nature, and the child gets jammed into the pelvis without hope of escape, with a powerfully contracting uterus behind it. The same kind of danger of rupture as that which arises from deformed pelvis is sometimes met with in cases of anteversion, when the head is driven against the promontory of the saceum. Numerous circumstances predispose the uterus to rupture, such as the occurrence of inflammation in any part of the organ, either during the pregnancy or at the time of labor. In the unhappy cases in which pregnancy happens during the existence of cancer uteri, and where the patients go to the full term, lacerations almost inevitably occur during labor. It is also caused by excessive rigidity or oclusion of the os uteri, unconnected with malignant disease. Long continued compressions of the organ between the head and the pelvis, in difficult labors, tend to this catastrophe, by producing softening of the muscular structure. A considerable number of the lacerations met with in practice depend, in all probability, to some extent, upon feeble development of the uterus generally, or upon some local weakness of the organ. We must not think of the gravid uterus as an organ which is pretty much the same in all women. The uterus of every woman, and it may almost be said of every pregnancy, differs to a considerable extent. Nothing can be more dissimilar than the thin parietes met with in one organ, and the strong development found in another. Cases are also met with in which some particular part of the uterus is thinner than in others, or in which the os and cervix have not been properly developed. I give above a representation of a very interesting specimen from the Museum of Guy's Hospital, in which the cervix was not developed to a normal extent, and in which a hole was torn in the neck during labor. These cases of preternatural thinness, or of local deficiency, account for those instances of rupture which occur from the contractions or movements of pregnancy alone, or in which laceration takes place in labors not at all remarkable for the violence of the pains, and where the head and pelvis are of normal size. There can be no doubt that in cases where the uterus is feebly developed, or weakened by disease and exhausted action, the contractions of the abdominal muscles must contribute to the rupture of the organ, by urging the head or presenting part of the child through the os uteri. The incautious use of instruments, or their most careful application when the uterus is predisposed to the accident, may cause rupture. Wherever the ergot of rye is given incautiously or improperly, the risk of ruptured uterus is incurred. When given in too large quantities, or when the os uteri is not well dilated, or when the head is larger or the pelvis smaller than natural, there is always danger of laceration. It may even be produced by improper digitation, during the course of precipitate labors. Numerous cases are on record in which the uterus has been lacerated during an examination made at the acme of a strong pain. There can be no doubt that such irritation of the vagina and os uteri, and the consequent increase in the force of the pains excited in the form of reflex action, have contributed in such cases to the disaster. The attempt to turn when the uterus is in a state of violent contraction, and when the waters have been long discharged, or the attempt to introduce the blades of the forceps before the proper dilatation of the os uteri, have been known to rupture the organ. Various conformations of the pelvis, apart from mere diminution of size, may lead to rupture, such as exostoses presenting rugged or sharp outlines to the uterus, a keen linea-ilio-pectinea, or an acutely pointed ischial spine. Lastly, external mechanical injuries may produce sudden laceration of the gravid uterus, particularly in the latter months of pregnancy. It has happened from falls, kicks, wounds made with sharp instruments, the goring of bulls, etc. Any form of mechanical violence, apart from labor, may either puncture or incise the organ, or rend its walls asunder. In pregnancy, rupture of the uterus may be caused by mechanical injuries, by spasmodic contractions of the uterus (referred by the older authors to movements of the fœtus), and inflammatory disease or imperfect development of the organ. It may also occur from interstitial gestation, when the ovum is lodged in the uterine parietes. All causes of rupture of the Fallopian tube, or of the cyst containing the fœtus, in extra-uterine gestation, may be compared, to some extent, to rupture of the uterus during normal gestation or parturition.

The symptoms which sometimes warn us of impending laceration, are incessant and tetanic contractions of the uterus, under circumstances where the organ cannot be relieved by the descent of the head or presenting part. Whenever obstruction and violent uterine efforts concur, we must be on our guard against this form of danger. Cramp-like pain in the uterus, especially opposite the promontory of the sacrum, or the symphysis pubis, or distressing cramps in the lower extremities, occasionally precede rupture. A constant pain in some region of the uterus during the progress of labor or in the latter part of pregnancy, is indicative of danger. This kind of pain during gestation, may be indicative of partial metritis, and during labor, of a similar affection, or of severe local pressure. In the majority of cases, however, there are no premonitory signs of the accident which can be depended upon. We must rely for warnings, not so much upon symptoms, as upon a knowledge of the causes which lead to this accident.

The symptoms which denote the actual occurrence of rupture of the uterus, are generally very marked, though cases sometimes occur in which the evidences of the accident are so uncertain that it cannot be positively known until after death. There is usually a sudden, sharp, and excruciating pain, sometimes accompanied by a snap, audible to the patient, and even to the by-standers. With this there is recession of the head or presenting part of the child, and a sudden arrest of pains. If the laceration be extensive, the child commonly passes through it into the abdominal cavity, and can be felt distinctly through the abdominal walls. A coil of intestine sometimes passes through the fissure, and is felt in the vagina. There quickly ensued upon the rupture, the symptoms of collapse, and the matter ejected from the stomach is of coffee-ground color, consisting of epithelium and blood exuded from the gastric lining membrane, or bile which has been acted on by the acids of the stomach. There is a sudden gush of blood from the vagina, and blood escapes in considerable quantity into the peritoneal cavity. Another sign of very great significance, pointed out by Dr. M'Clintock, is the sudden death of the fœtus. The action of the fœtal heart ceases suddenly, almost immediately, after the accident; so that, in suspicious cases, the stethoscope should always be used. There are various circumstances, it must be mentioned, which complicate the diagnosis. In some cases, there is no immediate pain of a violent character, but the dangerous symptoms come on some hours or even days, after the accident. Occasionally, and particularly when the lacerations are sub-peritoneal only, the pains do not cease. Sometimes, when the rent is considerable, the pains are not arrested, and the fœtus does not pass into the perinæum; but cases occur when the rupture only takes place as the fœtus is passing through to external parts. Sometimes the recession of the head is caused by a sudden discharge of liquor amnii, or the head of the first child may suddenly recede in twin cases. As already mentioned, the great majority of cases end fatally. Patients may die of shock, or hemorrhage, a few minutes after the accident, or they may die after days, or even weeks, of suffering. When the result is protracted, death ensues from peritonitis, or from pelvic or uterine abscess. In some cases, the loop of intestine protruding through the vagina has been strangulated by the contracting uterus, and sloughing of the intestine, or the symptoms of strangulated hernia ensue. In rare cases, women have recovered, and have borne children subsequently; and one or two instances are on record, in which women have lived with the fœtus in the abdomen, as occasionally occurs in the abdominal variety of extra-uterine gestation.

The most important part of the treatment is that which may be termed the Preventive. This consists in the subdual, as far as possible, of local metritis during gestation or paturition; the induction of premature labor in cases of pelvic deformity; the moderation of excessive uterine action; the promotion of the dilation of the os uteri; and the relief of the patient by craniotomy when the pains cannot be moderated, and the proportions between the head and the pelvis are such as to render the delivery of a living child impossible, before the risk of rupture has been incurred by protracted labor. As regards the means of diminishing excessive uterine action and rigidity of the os uteri, the effects of venesection, tartar emetic, and chloroform, have already been remarked upon.

The treatment of rupture, when it has positively occurred, demands every attention, both on account of the child, and because occasionally women recover, under such circumstances, from the utmost extremity of danger. The greatest chance of safety is given to the woman by immediate delivery. If the child has passed entirely or partially into the abdomen, the hand should be introduced, and the feet drawn down, and delivery effected as promptly as possible, care being taken not to injure any of the abdominal viscera, or to draw them down through the opening. When the disproportion of size is such as to render the extraction of the head difficult, it should be perforated behind the ear, particularly if the child be already dead. When the head has not receded after rupture, and when the pelvis is full-sized, the forceps may be used; but cases admitting of their application in this contingency are very seldom met with. The general rule is to deliver, under such circumstances, by the perforator and crotchet. This operation requires, however, greater care than usual, on account of the tendency of the head to recede under the use of the instrument. When the child can be delivered promptly by any of these means, the amount of shock and subsequent peritonitis is to some extent moderated. Cases, however, occur in which delivery *per vias naturales* is impossible, either from rigidity of the os uteri, or from contraction of thee uterus, and especially of the aperture through which the child has escaped into the abdomen. Under such circumstances, if the woman is in a state to admit of it, and especially if the suffering be great, it is probable that chloroform may be of great use in these cases, by relaxing the uterus, and thus averting the alternatives of abandoning all attempts at relief, or performing gastrotomy. Incisions into the os uteri have been recommended with a similar intention. Under these desperate circumstances, when chance, or gastrotomy, alone remain, what is to be done? Some have said the best practice is to leave the case entirely to Nature, pointing to the extraordinarily rare cases in which the child has been discharged by abscess through the abdominal walls, and the mother has recovered. Others advise the performance of gastrotomy, and the removal of the child, especially if the fœtus be alive. This is, of course, a desperate remedy. It is very questionable which of these two modes of procedure is to be preferred. In cases of great collapse, and when death is imminent, the performance of gastrotomy is not to be commended; but when the patient is strong, and delivery by other means is found to be utterly impossible, without even greater danger than this operation holds out, I think it should be performed. We must, however, be sure of our diagnosis before venturing on so grave a step, particularly as not long since, gastrotomy was performed with this intention in this metropolis, in a case, when, on opening the abdomen no rupture of the uterus was found!

Immediately after the extraction of the child, full doses of opium are required. During the state of collapse, stimuli should be administered, bearing in mind, however, the peritonitis which ensues if the patient removes. With respect to the general plan of treatment, it may be said that should be very nearly the same as that recommended in cases of extra-uterine gestation after the rupture of the cyst. Particular points of difference in individual cases will have to be met as they arise.

THE EXCITO-SECRETORY SUB-SYSTEM OF NERVES: OBSERVATIONS AND SUGGESTIONS.—No. II.

By Marshall Hall, M. D., F. R. S., of the Institute of France, etc., etc.

In a memoir read at the Royal Society in February, 1837, I announced the existence of an *Excito-motory System of Nerves.*

I believe I may now announce a system or sub-system of *Excito-secretory Nerves,* not less extensive.

As in the former case the pneumogastric was shown to be the principal, though not the only, internal *Excito-motor* nerve,* so in the present instance that nerve will be shown to be the principal, though by no means the only, internal *excito-secretory* nerve.

The external excitor nerves, in both cases, are the trifacial and the cutaneous spinal.

All of these nerves are chiefly centripetal in their course and action; all act *diastaltically* through the *spinal marrow* (the medula oblongata and the medula spinalis inclusive), as the centre or key-stone of all the cycloida nervous *arcs* of the system; and all act through the *ganglionic* system as presenting the *centrifugal* nerves or portions of those arcs, the immediate secretory nerve, but excited into action by a remoter *centripetal* nerve.

Henceforth the Distaltic Nervous System must be divided into TWO sub-systems:

I. *The Excito-motory;*

II. *The Excito-secretory.*

The former is extended to the entire muscular system; the latter is diffused over the general system as the blood is diffused over the system. Every capillary, or methæmatous, or blood-changing, vessel has its element of the excito-secretory system, the nervous methæmatous agent in every such change. The blood moves in *circles;* the excito-secretory sub-system acts in *cycloidal arcs.*

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* Memoirs of the Nervous System, Mem. II., Plate II.

I proceed to give examples:

"Every one," says M. Brown Sequard,* "knows the singular alterations which take place in the *eye* after a contusion of the *frontal* nerve, or a section of the *trigeminal* or of the *cervical gaglionic* nerves." "I have found," adds this eminent physiologist, "that after the section of a lateral half of the spinal cord, it sometimes happens that the *eye* on the same side will present strange and various changes. The part of the cord having this influence on the eye, lies between the *ninth* and the *twelfth* costal vertebræ."

But *why* this same or similar effect from such various sources, no conjecture has hitherto been given. Yet, I think, every reader will at once perceive, when the fact is pointed out, that the trifacial nerve, the costal spinal marrow, and the ganglionic nerve, are but the centripetal, the centrifugal, portions of *one* continuous cycloidal methæmatous arc, and that it is to a certain degree immaterial in *what point* of this arc the section is made!

The pneumogastric nerve has been the enigma of experimental physiologists. It would be too long for me, on the present occasion, even to enumerate their varied and contradictory conclusions. I shall therefore only briefly state certain ultimate facts which have resulted from these multifarious investigations:—

First, then, according to Dr. J. Reid, no effect on the lung is "necessarily or even generally" produced by the division of ONE pneumogastric nerve and the animal survives the operation.

Secondly, Dr. J. Reid observes: "Section of the pneumogastrics" (that is, of *both* pneumogastrics) "invariably proves fatal, if the cut ends of the nerves are kept apart." And "the section of these nerves proves fatal by its effects upon the lungs."

But why does the section of *one* of these nerves produce *no* effect on the lungs and on life, and the division of *both* so affect the lungs as invariably to prove fatal? I venture to reply,—Because the pneumogastric is a *centripetal* nerve in this case, and that, when *only one* is divided, its loss is compensated for by the influence of the one remaining; but that when *both* are divided, *all excitation* essential to the action of the centre and centripetal portions of the arc, is excluded, and all methæmatous action prevented.

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*Experimental Researches in Physiology and Pathology, p. 12, New York: 1853.

Dr. J. Reid has observed, that "changes in the lungs do not necessarily follow the division of *both vagi* and recurrents" ("Researches," p. 216). And Arnemann states that he has known dogs to survive that operation. In one of Dr. J. Reid's experiments, the dog survived twelve days, and was then killed.

Admitting these facts, how may they be explained? May not the trifacial and the cutaneous spinal nerves act as excito-secretory nerves, as they certainly do as excito-motory nerves? Nay, might not a dog be made to survive the division of both pneumogastrics, with loss of substance, kept in a cool atmosphere, by cautiously-repeated excitation of the cutaneous excitor nerves?*

But the most remarkable proof of the doctrine which I am endeavoring to unfold is furnished by the brilliant discovery and the skilful experiments of M. Cl. Bernard.

If the pneumogastric nerves be divided in the neck, the formation of sugar in the liver is arrested; if the *lower* portion of these divided nerves be galvanized, no effect is produced; but if their *upper* portion be galvanized, the formation of sugar is restored.

By division of the pneumogastric, then, the *exciting* cause of the formation of sugar in the liver, is *cut off*. This cause, according to M. Bernard, acts in the lungs, just as upwards of twenty years ago, I first stated that the *usual* exciting cause of inspiration does. Its course is, in like manner centripetal, along the pneumogastric nerve. Its place is, in some sort, supplied by galvanizing the *centripetal* portion.

Again—The glycogenic portion of the liver is augmented, by *exciting* a certain point of the medulla oblongata.

Thus we have *two* portions of the cycloidal nervous arc demonstrated. The *third* is—the ganglionic nerve, proceeding from the solar plexus to the liver; and the arc is complete.

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* It is quite as certain that the ganglionic may not contain centripetal *excitor* fibres, as the pneumogastric does centrifugal motor. How, for example, is vomiting produced after the complete division of both pneumogastrics? How are the mammæ, the ovaria, and the uterus reciprocally affected? It can only be said, that the pneumogastrics are principally centripetal and excito-motor, and the principal internal excito-motor nerves.

I must now observe particularly that the excito-motory and excito-secretory actions are frequently, perhaps generally, *combined*, in living beings. Thus, a particle of sand, exciting the trifacial of the conjunctiva, excites, through it, the facial and gaglionic nerves, and produces, at one and the same time, an invincible closure of the eye-lids and a copious flow of tears. Carbonic acid evolved in the lungs, excites the pneumogastric, and through it, the intercostals, the bronchial, and the ganglionic nerves, and inspiration, bronchial action, and methæmotous phenomena.

But the most extraordinary examples of excito-motory and excito-secretory action, reciprocally or combined, are presented by that *triple* system consisting of the ovarium, the uterus, excito-secretory in the mammæ, chiefly.

Other parts, not less remarkable, but of an order less connected with the *inter se*, are the effects induced by undue acidity in the stomach on the *action* of the diaphragm or heart and on the *secretion* of the mouth or of the kidney.

Not less remarkable is the *equally* allied series of motor and secretory phenomena, the result of mental *emotion*, constituting a most interesting subject of new inquiry.

The *pathology* of the excito-secretory sub-system remains to be investigated and traced. A partial keen current of air falling on *any* portion of the skin may induce inflammation in *any* susceptible internal organ. An extensive burn or scald is apt to induce pneumonia.

In epilepsy, I have constantly observed that the secretions, as well as the movements, are morbidly affected, and especially those of the mouth, the stomach, the liver, the kidneys, both *before* and *after* the attack; an apple odor of the breath, a loaded tongue, undue acidity in the stomach, morbid alvine excretions, excessive deposits of the urates, are the most observable. The entire skin acquires at length a leaden hue peculiar to epilepsy, a hue which tracheotomy has removed, as in Mr. Mackarsie's well-known case, whilst it restored the intellect.

There is not, perhaps, a point in the general cutaneous surface in which tetanus—an excito-motor effect—may not originate; there is scarcely a part from which inflammation—an excito-secretory—may not be excited. There is no part of the muscular system which is not under the dominion of this excitor-motor power; no part of the vascular system which is not linked with the excito-secretory sub-system.

But here I close this brief communication. My present object is only to draw the merest sketch of this vast subject, which demands a most extensive and cautious series of experiments and observations. The efforts of many laborers, through many years, will be required fully to develop the *two* sub-systems of *the Distaltic Nervous System.*

I propose, shortly, to treat this important subject at greater length and with more details.

December 25th, 1856.

EDITORIAL AND MISCELLANEOUS.

MEDICAL SCHOOLS.—No. 2.

In our January Number, we offered our readers a few desultory, yet candid remarks, under the head of "Medical Schools, No. 1." At the time, we hinted that we might probably return to the subject, inasmuch as it is one of the highest interest and almost inexhaustible; we think the present a good occasion for further remarks, and we write them down.

We have before us the second number of the *North American Medico-Chirurgical Medical Journal*, the great would-be *National Medical Journal*, and it contains an editorial under the head *Quis Custodiet Custodes* (which being very freely, yet fairly translated, means: How shall we improve our system of medical teaching?); which so completely coincides with all our ideas on the subject, that we propose to lay before our friends free quotations, and free remarks in connection therewith. We shall only quote that which directly relates to the point in question; and we intend to ask the Editors of the "National Medical Journal" some plain questions, which, we trust, will elicit plain answers, in their next issue. We are sure our questions cannot give offence. We entertain the highest respect for those to whom we direct them, or we would not waste the paper required to hold them.

The Editors say: "Necessarily, all faults in American medical education are chargeable to two sources:

"1. Errors in the system itself; and

"2. Derelictions of duty on the part of the Colleges."

With regard to the system, they go on to detail the general course pursued by the student of medicine in this country to obtain the degree of M.

D. They say: "His early education may, or may not have been good; his diligence during his term of study may or may not have been great; and everything finally hinges on his examination for a degree. The power rests in the College exclusively. If its standard is high, it matters but little about the preliminaries: a good student must become a good doctor of medicine; while, on the other hand, a low standard of graduation must inevitably fill the ranks of the profession with inferior men.

"It follows from the above, and other facts equally well known, that the colleges are an autocracy, having in their hands the honor and the interests of the profession. It is no logical sequence from this, that the system is faulty. Such a power must rest somewhere, and the fewer repositories for such a responsibility, the more readily can they be controlled.

"Looking at the broad result, we have no reason for supposing that this trust is not faithfully fulfilled. We mean, that in other countries, where the Colleges are hemmed in by other powers; where the professorships are government offices, and the temptation to bid for large classes is removed, the evils of which it is the habit of American journalism to complain, exist, in spite of their more elaborate system. European education, coupled with old-world habits of thought and action, produces a limited number of splendid scholars; but it is our honest belief, that for keen, practical, useful bed-side knowledge, no part of the world has a more competent medical profession than the United States."

Again. "What modifications of our present scheme of education are desirable?

"Shall we link in our State governments in their control, by establishing a supervisory board having power to annul the diploma granted by the College? Such an idea has been broached, but it is only necessary to call to mind the changeful, and too frequently venal source of appointment of such a board, to see that instead of a conservative, it would be a radical movement calculated to encourage the evil it was meant to avoid. Or shall we deprive the Colleges of the power to grant diplomas, giving their function to a State Board of Regents? One has only to think of the small political doctors who would be sure to receive the appointment of Regent, to be convinced that the profession, while it is too democratic for European methods, is too conservative for modern American politics.

"So long as our political life is what it now is, and so long as public opinion is stronger and less easily evaded than any other force which can be brought to bear, we must trust to our present plan, or to some simple modification of it. The profession itself, speaking in its conventions, its societies, and through its press, is the only authority which can or ought to govern the colleges. There may be—doubtless are, faults, and grave ones, in the manner of granting diplomas to candidates for the doctorship; but we do not believe that these are inseparable from the system, or to be mended by any wholesale tinkering of so-called reformers. The very feature, of which loudest complaint is made—competition—is its best safeguard. We are sick of their cry of "competition!" as if all heresy and schism were embodied in it. It is a grand, noble feature in our schools; and we hope never to see the day when they shall be deprived of its healthy, life-giving stimulus.

"We are too intensely respectable. A school cannot flourish without advertising; and the common sense plan is, to let the advertisements show forth the advantages claimed by the school. It is through these advertisements that competition manifests itself, and attains to its natural results—a perpetuation of itself, and a tendency to drive schools to add to their talent, and increase their advantages. We do not assert that the use of competitive means may not be liable to great abuses; but eye hath not yet seen perfection, and we must look to consequences before we attempt to remedy even an acknowledged evil. It is evident, that, without competition, we should have fewer schools with greater powers; that, instead of struggling to employ a higher order of talent to fill their museums, and surround themselves with an abundant means of clinical instruction, we should have schools of doctrine instead of instruction, and nests of nepotism instead of hives of labor."

"We may answer, that the most important interest of the profession at large, is in securing ample means of instruction for young men entering on the field of practice. In our opinion, in looking at the character and wants of the American people, our present system does not need radical reformation; and, at the present moment, the colleges should simply be made to feel the pressure of professional approval or disapprobation, as either may seem best. Let the State societies watch the schools, and assert their prerogative of censure if they are unworthy. There is not a school in the country so strong as to outlive the deserved and formal disapprobation of the American Medical Association.

"There are other matters on which we fain would touch, had we time or space to do so. Various plans have been suggested and indorsed by the National Association, looking to the more thorough qualification of the young practitioner. Among these was a recommendation to require the student to pass an examination preliminary to his entrance upon his studies. That this has not been carried out, is due to the negligence of the minor societies, which have always failed to insist on it.

"Another and more striking reform, was a project to lengthen the lecture term, and bring the daily duties of the student down to an amount of instruction such as he might have time to digest. *Our present six hours per diem, for sixteen weeks, is preposterous*—in violation of all laws of health, physical or mental, and should be reformed. Why no change has been wrought in this obvious evil, is past our comprehension.

"It would seem, that that school, in a great city, which should commence a collegiate year with terms and vacations of appropriate length, offering a talent fully equal to that now concentrated in the winter term, with equal clinical advantages, would at once assume a leading position. There are in the country many students of sufficient means to avail themselves of such an opportunity, and they might be concentrated. We can foresee many difficulties in this scheme, but we do not look upon them as insuperable; and let the thing be once successful at a single point, competition and professional opinion would drive every school having any claim to respectability, into a similar arrangement.

"Here is a practical, tangible plan of reformation. Let us try, and perfect our present means of education, before rushing blindly into the adoption of foreign and incongruous systems."

Well, we have given the substance of the mature opinions of the editors of the "National Medical Journal." Is this all? No; the editors of this journal are Drs. Gross and Richardson—the one, Professor of Surgery in one of the oldest (and the very largest) medical schools in the land, the other, Professor of Anatomy in one of the rising young medical schools. We have said before that we coincide with these gentlemen in their ideas about medical education first quoted; but the three last paragraphs require closer consideration.

Of what use is it to preach temperance to the crowd, if you stop now and then to "wet your whistle" with brandy and water? These latter paragraphs of the editors are replete with valuable precept, but the force of example is most wofully lacking. All that they say about the sixteen weeks system is true, and reformation is needed. Now for the questions.

1. When the Medical Department of the University of Pennsylvania, a few years ago, in a most commendable spirit of acquiescence in the recom-

mendation of the American Medical Association, lengthened its term of lectures, why did the schools which these editors represent not follow the bright example?

2. If so brilliant a future lies before that school which shall attempt the reformation indicated by the editors, why, in the name of all that is reasonable and praiseworthy, doesnot the Jefferson Medical College, one of the oldest, and the largest, of our schools, *take the lead?*

3. If the Jefferson takes the lead, will the school Dr. Richardson represents follow in the footsteps of its illustrious predecessor?

4. Are the editors in right good earnest, or is the mountain only in labor?

We are fully aware that the editors of the North American Medico-Chirurgical Review have but recently become attached to the schools they represent, and that they are, therefore, not responsible for the past views of those institutions, but their present intimacy may enable them to procure the desired information.

Reform is needed, gentlemen, and the matter of lengthening the lecture term is one of the very first things required. You need not be afraid to try it; we believe the time is ripe for the step. The New Orleans School of Medicine, in its very first session, lengthened the lecture term, and the institution has *succeeded.* We have an abiding faith that the mind of the profession is awake to this species of improvement, and we look to our brethren for increasing support. But there is no use for a "collegiate year;" make the course six months long, and then elect in a couple of extra professors to teach those branches which are now only taught in your circulars (Diseases of Women and Children, for instance). This will interfere a little with your purses, but you will soon become accustomed to that; it is "manifest destiny," we believe, and it is well to make a virtue of necessity. You must come up to the requirements of the age, or neither a "National Medical Journal," nor a National Medical School can be established, and even then *some* of the Southern students will stay at home, and fit themselves to become Southern practitioners. But more anon.

NEW ORLEANS SCHOOL OF MEDICINE.—In our last number we announced the fact that our Legislature had placed the New Orleans School of Medicine on a footing of entire equality, both inside and outside our great Charity Hospital, with the most favored medical institutions. We have now to inform our readers and friends that our liberal and enlightened

Legislature have recently gone even farther; it has granted the institution *a donation of twenty thousand dollars,* for the purpose of purchasing museum, apparatus, etc., etc. The expenditure of this sum, added to the original amount ($30,000) embarked by the Faculty in the enterprise, will be conclusive evidence to any mind that the founders of this institution are in real earnest. They have gone just far enough now to know that fifty thousand dollars, judiciously expended, will collect together in a style of real elegance all that the student of medicine can find any where in this country for the complete illustration of a course of lectures. Yet they are not willing to stop here. *Non progredi est regredi*--and it is their ambition to see the institution unsurpassed in the world. If money can effect this, it will be effected. We publish here a

LIST OF MATRICULANTS

In the New Orleans School of Medicine, Session 1856–57.

Saml. B. Huitt, Louisiana.
Julius Gunther, "
Louis W. Chamberlaine, Mississippi.
S. H. Cheek, Louisiana.
John Cecil Legaré, South Carolina.
Ebenezer Frost, Mississippi.
Thomas Campbell, "
Albert Milton Walls, Alabama.
Philip James Gilbert, Louisiana.
L. H. Fisher, M. D., "
Charles L. Evans, Mississippi.
John W. Tottenham, "
Bartoleme Febver, Louisiana.
William Decker, "
Samuel W. Jack, Arkansas.
John J. Burroughs, Texas.
Sanford Perry, Louisiana.
H. J. Means, M. D., Alabama.
William Sandel, Jr., Louisiana.
Samuel L. Singletary, "
A. A. Caruth, "
James B. Gage, Mississippi.
W. James Courts, North Carolina.
William P. Smith, Alabama.
F. M. Park, Arkansas.
James G. Dubose, Texas.
John H. McLaran, "
E. T. Gazley, "
W. C. Hicks, Mississippi.
S. C. Casten, M. D., "
J. Smith Stampley, "
G. H. Doran, Louisiana.
S. M. D. Webb, M. D., Mississippi.
John R. McDow, M. D., Alabama.
J. H. Harrison, M. D., Georgia.
Romulus C. Linthicum, Texas.
William P. McMillan, Mississippi.
J. J. Wade, Louisiana.
M. Marsh, M. D., Nicaragua.
W. R. Capehart, North Carolina.
P. B. Minor, M. D., Alabama.
James E. Keator, Louisiana.
George W. Chapman, "
H. T. Castleton, "
John D. Rogers, Texas.
William R. Brandon, Mississippi.
Numa Lambert, Louisiana.
Samuel G. Arrington, M. D., Alabama.
John H. Pinson, M. D., Louisiana.
John C. Jackson, Texas.
S. N. Walker, Mississippi.
B. C. Brown, Alabama.
Thomas R. Micks, North Carolina.
A. C. Simonton, Louisiana.
M. C. Boyce, Arkansas.
John Jobe, M. D., Georgia.
Manuel Pio Avila, Havana.
Frank Poland, Louisiana.
Dolphus S. Hunsaker, Texas.
C. H. Smith, Mississippi.
E. N. Gary, M. D., Alabama.
J. T. Harrington, M. D., Mississippi.
K. Thompson, Louisiana.
A. C. Hemphill, Mississippi.
H. Sterne Brantley, Alabama.
James T. Jones, M. D,, "
T. J. Heart Jones, M. D., Texas.
J. E. Englandt, M. D., Louisiana.
E. M. Vasmer, Texas.
Augustus J. Bogel, Louisiana.
James Farrelly, M. D., Mississippi.
Neal Smith, M. D., Alabama.
Ramon E. Reynier, Cuba.
Narcisso Herell, Louisiana.
J. E. Moore, M. D., Texas.

Total, 75.

"QUESTIONABLE ADVERTISEMENTS."—*The Difference between Precept and Example.*—The number of the Boston Medical and Surgical Journal for March 12th, 1857, contains quite an appropriate editorial on the subject of quack advertisements. We fully endorse all that the editors say, and only hope that it may do some good. So much for valuable *Precept.*

Now for the *Example.*—On the second page of the advertising sheet of the Boston Medical and Surgical Journal, we notice an advertisement of Dr. ——, of "a new method of treating *Spinal Diseases, Curvatures of the Spine,* and *Spinal Weakness,* without pain or suffering to the patient;" and affixed to the advertisement are the names of Profs. Bigelow and Hayward, Drs. Lewis and Warren, and last, and by all names least, *Dr. J. V. C. Smith.*

Again, on the third page of the same sheet, in the advertisement of a "House for Invalids," where amongst other inducements, "a strict appliance of those Hygienic laws, commonly called "Water-Cure," stands prominently forward;" and where "An arrangement has been effected with Professor Vergnes, of New York, by which Dr. D. is enabled to employ the Electro-Chemical Bath in all cases where it may be deemed necessary." This advertisement is, also, signed by eight names, said to be those of leading professional gentlemen of Boston."

Again, we have on the second page a long advertisement puffing to the skies *Doctor* (Heaven save the mark!) Mattson's numerous *patent syringes!* Which speaks louder, the Precept or the Example?

PHILADELPHIA HOSPITAL FOR DISEASES OF THE CHEST.—We are in receipt of the circular of this noble institution. Those in charge of it announce that the "institution has been established with a view to combine all the best hygienic and medical means in the treatment of the Chest, to afford those thus afflicted, advantages which they cannot obtain at their residences." They also say that—"An Eleemosynary Department for the worthy poor will be established as soon as sufficient capital is obtained. The urgent necessity for this has been made painfully apparent by the frequent applications from poor and deserving persons. Subscriptions for this purpose will be received by the following named gentlemen ——." Then follows a long list of the most prominent citizens of Philadelphia, and amongst them we recognize those of six of the professors of the Medical Department of the University of Pennsylvania.

Such institutions as this speak loudly for the enlightenment and liberality of the community in which they are found, and he who would do the greatest amount of good with the mite he should spare, could not donate it to a better cause. When will New Orleans awake to the importance of establishing such institutions? Just as soon as her railroads shall throw her in close contact with the world around her. Comparison will be the result of this contact, and she will be ashamed of her present condition.

DEATH OF DR. KANE.—It becomes our mournful duty to record the death of this distinguished individual.

The United States of America claim Dr. Kane as their own son; the Medical Profession claim him by right of first adoption; yet the whole civilized world must mourn alike over the death of one so eminently useful.

Dr. Elisha Kent Kane died in Havana, on the the 16th of February ult., at the early age of thirty-five years. While it is right that we should bow submissively to the stern decree of Him who so properly governs all things, yet, who can suppress the reflection—How great might have been his achievements, had he been permitted to extend the term of his life to double that which was allotted him!

SOUTHERN JOURNAL OF MEDICAL AND PHYSICAL SCIENCES.—We have neglected to mention before the improvement which has taken place in this valuable journal. Dr. Richard O. Currey, is the editor, and deserves great credit for this evidence of his energy and enterprise.

BOOKS AND PAMPHLETS RECEIVED.

"A REVIEW OF THE PRESENT STATE OF UTERINE PATHOLOGY." By JAMES HENRY BENNET, M. D., etc., etc., etc. Philadelphia: Blanchard & Lea, 1856

"OBSTETRIC TABLES." By DR. PAGOT AGREGE, Professor to the Faculty of Medicine, Paris. Translated from the French, and arranged by O. A. Crenshaw, M. D., and J. B. M'Caw, M. D., Richmond, Va.; with three Additional Tables on the Mechanism of Natural, Unnatural and Complex Labor. By Nathan P. Price, M. D.: New York, 1856.

"TRANSACTIONS OF THE FIFTH ANNUAL MEETING OF THE KENTUCKY STATE MEDICAL SOCIETY. Held in the city of Frankfort, on the 6th and 7th of February, 1856."

"QUARTERLY SUMMARY OF THE TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA, *from July* 2, 1856, *to January* 7, 1857." Philadelphia: J. B. Lippincott & Co., 1857.

"AN ADDRESS ON THE LIFE AND CHARACTER OF ROBERT M. PORTER, M. D., late Professor of Anatomy in the University of Nashville. By JOHN BERRIEN LINDSEY, M. D., Chancellor of the University. Delivered at Nashville, November, 8, 1856. Published by the Class."

"ORGANIZATION OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSISSIPPI, by the Convention of Physicians, held in the city of Jackson, December 15, 1856."

We are most happy to acknowledge the receipt of this Pamphlet: it is an earnest that our brethren of Mississippi have been aroused to the importance of concert of action in all that pertains to their common avocation. That the tree is planted in a fertile soil, we can vouch, as we have the honor of a personal acquaintance with some of those who figure most brilliantly in this "Convention of Physicians;" all that is required is cultivation, in order to insure the best of fruit.

"REPORT OF THE PENNSYLVANIA HOSPITAL FOR THE INSANE, FOR THE YEAR 1856. By THOMAS KIRKBRIDE, M. D., Physician to the Institution. Published by order of the Board of Managers. Philadelphia, 1857." As usual Dr. Kirkbride's Report is full of interest, and we are under renewed obligations for the copy.

"AN ESSAY UPON THE RELATION OF BILIOUS AND YELLOW FEVERS, prepared at the request of, and read before the Medical Society of the State of Georgia, at its session held at Macon, on the 9th of April, 1855. By Richard D. Arnold, M. D., Professor, etc. Augusta, Georgia, 1856."

"CATALOGUE OF THE MEDICAL COLLEGE OF THE STATE OF SOUTH CAROLINA, IN CHARLESTON. SESSION 1856–57." We are happy to see that this institution is in a flourishing condition. Its class numbers 245 matriculants.

REPORT OF DEATHS IN THE CITY OF NEW ORLEANS, FOR THE FOUR WEEKS ENDING MARCH 22, 1857.—Men, 139; women, 71; boys, 88; girls, 93; adults, 210; children, 181; males, 227; females, 164; colored persons, 102—total, 391.

Diseases.—Abscess of liver, 1; albuminuria, 1; amputation of leg, 1; aneurism of aorta, 1; apoplexy, 9; asthma, 1; bowels, disease of, 1;

brain, disease of, 1; bronchitis, 10; cancer, 3; catarrh, 3; casualties, 3; cholera infantum, 3; cirrhosis of liver, 1; concussion of brain, 1; congestion of brain, 7; ditto of lungs, 3; consumption, 48; convulsions, 30; ditto, puerperal, 1; cramps, 1; croup, 6; debility, adult, 3; do. infantile, 1; delirium tremens, 6; diarrhea, 16; dropsy, 12; do. in chest, 6; drowned, 3; dysentery, 8; enlargement of heart, 2; enteritis, 8; epilepsy, 1; entero-colitis, 1; erysipelas, 2; exposure and want, 1; fever, bilious, 3; do., congestive, 5; do., scarlet; 5; do., typhoid, 10; do., typhus, 1; fishbone in throat, 1; fracture of skull, 1; gangrene of face, 1; gastro-enteritis, 4; hemorrhage, 1; do of lungs, 1; do. of womb, 1; heart, disease of, 4; hooping cough, 2; hydrocephabus, 2; imperforate anus, 1; inflammation of brain; 2; do. of lungs, 21; do. of liver, 2; do. of stomach, 1; do. of womb, 1; intemperance, 1; intupusception of intestines, 1; killed or murdered 1; laryngitis, 2; lues-venerea, 1; leprosy, 1; marasmus, infantile, 3; measles, 19; old age, 2; palsy, 1; parturition, difficult, 2; parotitis, 1; peritonitis, 1; pleurisy, 3; pneumonia, typhoid, 2; premature birth, 1; rheumatism, 1; rupture of bladder, 1; small pox, 8; still-born, 20; spine, disease of, 1; strangulated hernia, 1; suicide, 2; teething, 8; tetanus, 5; trismus nascentium, 8; unknown, 1; varioloid, 1; worms, 1; wounds, 4; not stated 6. Total, 391.

Diseases Classed.—Zymotic, 85; nervous system, 89; respiratory system, 29; circulatory system, 10; locomotive system, 1; urinary system, 5; sporadics, 31; external causes, 10; age, 17; not specified, 14; non-viable, 6—total, 391.

Ages.—Under 1 year, 85; 1 to 2, 29; 2 to 5, 44; 5 to 10, 18; 10 to 15, 4; 15 to 20, 4; 20 to 25, 19; 25 to 30, 22; 30 to 40, 60; 40 to 50, 44; 50 to 60, 26; 60 to 70, 19; 70 to 80, 7; 80 to 90, 3; 90 to 100, 2—total, 391.

Nativities.—England, 5; France, 16; Germany, 28; Ireland, 41; Italy, 1; Mexico, 2; Norway, 2; Prussia, 2; Russia, 1; Scotland, 2; Spain, 1; Sardinia, 2; United States, 178; not stated, 100—total, 391.

LIST OF PAYMENTS TO MARCH 25, 1857.—John Calderwood, 1854, '55–'56–'57, $16; T. K. Leonard, 1857, $5; W. W. Brower, 1856, $5; Paul Bres, 1855–'56, $8; L. R. Sullivan, 1855–'56, $8; P. C. Williams, 1856, $5; F. N. Hunley, 1856, $5; Degraffenreidt, 1856, $5; F. W. Coates, 1856–'57, $10; J. W. Crawford, 1856, $5; J. Coker, 1857, $5; J. A. Cobey, 1857, $5; E. J. Coxe, 1857, $5; D. C. L. Smith, on acct. of 1856,

$3; R. T. Hereford, 1855–'56–'57, $13; L. Evans, 1856, $5; J. R. Watkins, 1857, $5; E. Mordecai, 1856–'57, $10; W. R. Nelson, 1855, $3; Madison Marsh, 1857, $5; R. L. Seale, 1856, $5; J. J. Wade, 1857, $5; W. P. McMillan, 1857, $5; W. R. Brandon, 1857, $5; J. D. Rogers, 1856, $5; Atlanta Medical College, $5; R. D. Arnold, 1856–'57, $10; J. T. Barron, 1857, $5; T. T. Russel, 1857, $5; L. H. Jones, 1857, $5; R. B. S. Hargis, 1854–'55, $6; S. C. Farrar, 1856–'57, $10; A. Thibaut, 1857, $5; A. Yates, 1857, $5; J. J. Burroughs, 1857, $5; R. B. Shields, 1856, $5; Henry Houseal, 1857, $5; J. B. Dungan, 1857, $5; Drs. Graham & Rhodes, 1857, $5.

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EXCERPTA.

SUCCESSFUL EMPLOYMENT OF THE "READY METHOD IN ASPHYXIA" OF DR. MARSHALL HALL, IN A CASE OF POISONING BY LAUDANUM.—Dr. Lewis read the following history of a case of poisoning by laudanum, in which he successfully resorted to Marshall Hall's new method of recovering persons drowned, or otherwise asphyxiated:—On the 15th day of August, 1856, Mr. J., a young man aged about twenty-eight years; sound constitution and temperate habits; dined and passed the evening with a friend, in the course of which he was heard to complain of a pain in his left side about the region of the heart, for which mustard was applied.

At ten o'clock he left his friend's residence, and made his appearance at his hotel about midnight, and shortly after retired to his room.

In the morning, the door of his room was forcibly opened, and he was found lying upon his back; his respiration stertorous, and not exceeding five or six to the minute; his pulse slow and full; pupils contracted; countenance livid; exhibiting no sign of consciousness. An attempt was made to arouse the patient by dashing cold water upon the face and chest, shaking, applying the salts of ammonia to the nose; but so profound was the coma, that no indication of consciousness could be elicited. Weak brandy and water was next introduced into the mouth and an attempt made to produce deglutition by exciting the muscles about the pharynx, when much to the surprise of the bystanders, his countenance became darker, and all respiration ceased.

The patient was immediately turned upon his face, in order that the fluid might escape; sinapisms were applied over the entire length of the spinal column, also over the extremities and chest, and artificial respiration commenced without delay.

For a period of five hours and a half, artificial respiration was constantly continued, with an occasional brief interval to enable us to determine whether all normal respiration had ceased. Dry friction was made simultaneously upward along the course of the veins, the beneficial effects of which were apparent.

During the time when artificial respiration was performed, the aspect of the case was very variable. At times the pulse was irregular and thready; at others, it was less frequent, more regular and firm. Equally great were the variations noticed in the respiration. When artificial respiration was for a time discontinued, respiration would continue with some degree of regularity at longer than natural intervals, and then become less frequent, and more irregular until artificial respiration was resumed. Once during the time that artificial respiration was continued, a pint of warm coffee was by means of the stomach pump, introduced into the stomach with evident good effect, as indicated by improvement in the pulse and respiration, which, however, was not permanent. A stimulating enema of brandy and water was also administered.

After a lapse of four hours and a half, Dr. Cox saw the patient in consultation with me. At this time, the case was very unpromising. There had been no manifestation of consciousness; the pulse was irregular, frequent, and feeble; the pupils still contracted; the extremities cold and covered with clammy respiration; and dissolution was apparently so near, that further efforts with hope of success seemed useless.

A flannel cloth saturated with aqua ammonia was now applied to the spine, and artificial respiration continued one hour longer, when normal respiration was resumed, and with it, was noticed a gradual return of consciousness. The following morning, his consciousness was perfect, although there was extreme nervous exhaustion, great mental depression, vomiting, loathing of food, etc., from which the patient gradually, but slowly, recovered. In the course of the day, an ounce bottle labeled laudanum, a few drops of which it still contained, was found concealed in the chimney flue, behind the damper. It was also ascertained that the patient had recently met reverses in business, and was laboring under pecuniary embarrassments, which doubtless induced that species of "moral insanity" that led him to contemplate suicide.

The points of interest in this case are, first, the manner of performing artificial respiration, which was in accordance with the directions of Dr. Marshall Hall, contained in the London Lancet, for recovering persons asphyxiated by drowning, viz.: by placing one hand upon the inferior and lateral portion of the chest, and the other upon the superior portion or shoulder, and rolling the patient upon the face, at the same time making moderate pressure, to force the air from the lung; the body was then rolled back, completing about one-third of a circle.* This was repeated slowly, sixteen times to the minute.

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* RULES.—1. Treat the patient *instantly on the spot*, in the *open air*, freely exposing the face, neck, and chest to the breeze, except in severe weather.

2. Send with all speed for medical aid, and for articles of clothing, blankets, etc.

I.—To Clear the Throat.

3. Place the patient gently on the face, with one *wrist* under the forehead:

[all fluids and the tongue itself then falls forward, and leave the entrance into the windpipe *free.*]

II.—To Excite Respiration.

4. Turn the patient slightly on his side, and
   (i.) Apply snuff or other irritant to the nostrils:
   (ii.) Dash cold water on the face previously rubbed briskly until it is warm.

If there be no success, lose no time, but—

III.—To Imitate Respiration.

5. Replace the patient on his face, supporting the chest on a folded coat or other article of dress.

6. Turn the body very *gently*, but completely, *on the side and a little beyond*, and then *briskly* on the face, alternately; repeating these measures deliberately, efficiently, and perseveringly, fifteen times in the minute *only:*

[when the patient reposes on the thorax, this cavity is compressed by the weight of the body, and expiration takes place; when he is turned on the side, this pressure is removed, and inspiration occurs.]

7. When the *prone* position is resumed, make equable but efficient *pressure*, with friction *along* the back; removing it immediately before rotation on the side;

[The first measure augments the expiration, the second commences inspiration.]

All these movements are performed systematically by the *same* individual.

IV.—To induce Circulation and Warmth—

continuing these measures:

8. Rub the limbs *upwards*, with *firm pressure*, and with *energy*, using handkerchiefs, etc.;

[by this measure the blood is propelled along the veins towards the heart.]

The greater success which attends this mode of performing artificial respiration, Dr. Hall attributes to the fact, that when the body is placed in the prone position, the tongue falls forward, while in the old method with the patient in the supine position, it falls back into the throat, closing the glottis, and entirely preventing the ingress of air to the lungs.

The second point of interest is the manner of making dry friction of the extremities upwards along the course of the veins, forcing the blood towards the heart, as directed by Dr. Hall, the beneficial effects of which were too apparent to pass unnoticed.

The third point of interest is the length of time during which it was found necessary to keep up artificial respiration, it being full five hours and a half. From the partial examination which I have been able to make, I think it unusual for persons to rally who have been so thoroughly overcharged with narcotic poison, as to create the necessity for the continuance of artificial respiration so long a time. The details of but few cases are recorded, and I have noticed no instance in which artificial respiration was successfully performed for a longer period than four hours.

Dr. Peaslee remarked that this case of Dr. Lewis' was an extremely interesting one, as it is the first instance among us in which a practical application of Dr. Hall's method had been made. He considers this an improvement possessing advantages over all other methods of treatment, as we can by it introduce a greater quantity of pure atmospheric air into the lungs than by any other means, it being three-fourths as much as in normal respiration. Another advantage is that we have the means of

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9. Replace the patient's wet clothing by such other covering as can be instantly procured, each bystander supplying a coat or a waistcoat.

Meantime and from time to time—

V.—Again,—To Excite Inspiration.—

10. Let the surface of the body be *slapped* briskly with the hand;

11. Or, let cold water be *dashed* briskly on the surface previously rubbed until it is dry and warm.

The measures formerly recommended and now rejected by me are, *removal* of the patient as involving dangerous loss of time; the *bellows* or any *forcing* instrument, and especially the *warm bath*, as positively injurious; and the inhalation of *oxygen*, as useless.

The inhalation of dilute pure *ammonia* has in it more of promise.

The value of galvanism remains to be tested: can it excite the action of the *heart*, or stimulate the muscles of *inspiration;* or, by inducing contraction of the muscles of the limbs, propel the blood along the *veins?*"—*London Lancet, Dec.* 13.

operating always at hand, and the treatment may be pursued as well in one place as another, while other methods are subject to more or less delay in providing the necessary means. Each moment of delay is fraught with imminent peril to the patient. In restoring persons from drowning there is no time to be lost, for as long as the asphyxia continues the patient is in nearly as much danger as if he were still in the water, hence the necessity of prompt and energetic action. He is inclined to think favorably of the application of cold to the head, and heat to the extremities. If the pathology is congestion of the medulla oblongata, preventing impressions being conveyed through the pneumogastric nerve, our course should be to remove this congestion. He has made use of this treatment in cases of children poisoned with meadow parsley, and always with prompt effect. The medulla oblongata being the centre of the respiratory movements when it is disabled by congestion we should, in addition to removing the congestion, continue our efforts at artificial respiration until the cord resumes its function. Acting upon this principle, it would seem in theory, that if artificial respiration was continued long enough, these patients would all recover.—*Reported by E. H. Janes, M. D., Secretary, Society of Statistical Medicine. Regular meeting January* 12, 1856, *Dr. Peaslee, President.*

CASE OF PUERPERAL CONVULSIONS.—*Reported by C. R. Walton, M. D., of Augusta, Georgia.*—Saturday, Feb. 2nd, 1856. Called in haste to see Miss S——, aged about twenty; taken suddenly ill, with a supposed fainting fit. She was lying prostrate—head thrown back, perfectly unconscious, muscular system relaxed; pulse very slow, and full; respiration much less frequent than normal; bloated; skin livid and cold; eyes half open and staring, with tremulous lids. Sinapisms were at once applied to the spine and calves of the legs, ammonia held to the nostrils, and spirits of camphor rubbed over the face and forehead. Reaction, to some extent, ensued—a quantity of bile and mucus was ejected from the stomach, but the patient continued insensible and motionless; there was no decided stupor, but the inspirations were deep and sighing. Further inquiry into the history of the case revealed the fact, that she had not menstruated for six or seven months: had had morning sickness and frequent headaches, and had complained, just before the present attack, of intense headache, accompanied with dizziness and blindness. Upon examination, her abdomen was found to be considerably enlarged; feet and legs œdematous. Suspecting pregnancy, but unwilling to make an exploration per vaginam, until the urgent symptoms were relieved, a continuance of the remedies was enjoined, while a messenger was sent for Dr. Joseph A. Eve, who had previously been called to this same patient. Previous to the arrival of the Doctor, Miss S—— had had two convulsions, and was just recovering from the second. Chloroform was sent for, and advantage taken of the interval to make a vaginal examination. The condition of the os uteri, and the results of ballottement convinced us that pregnancy existed, and was advanced to nearly the seventh month; the condition of the mammæ verified the diagnosis: they were turgid, the areolæ very dark, and milk was easily pressed from the nipple. The sonorous breathing of the patient, and some mucous râle, obscured the sounds of the fœtal heart.

Miss S—— had several convulsions, attended with violent jactitation, before the chloroform was obtained; there seemed to be no lucid interval. The coma was not profound, yet the convulsions were recurring with increased frequency, and their duration was greater. The pulse had now become very frequent and small, varying from 120 to 140 pulsations per minute, and it became a nice point to determine whether bloodletting ought to be practised or not—the convulsions evidently partaking more of the epileptic than of the apoplectic form, although the persistent unconsciousness of the patient indicated some degree of cerebral engorgement.

Several ineffectual attempts at venesection were made, in consequence of the violent jerking of the patient whenever the point of the lancet was applied;—these muscular contractions being altogether the result of reflex action and unattended with any sensation, as Miss S—— subsequently declared. It was about half-past 11 A. M., when the chloroform was procured, the convulsions succeeding each other with fearful rapidity and violence, increasing in duration and the intervals becoming shorter. The effect of this powerful anæsthetic was at once evident, in diminishing the intensity and duration of the fit. While the patient was under the influence of the chloroform, venesection was easily accomplished, but very little blood flowed from the orifice, and that was thick and dark; this condition of the blood being induced by interrupted respiration, and further, by the substitution of the chloroform vaper, for atmospheric air. About 1 o'clock, we ordered an injection per anum consisting of about a pint of tepid salt water, from which the patient experienced great benefit, the uterus and pelvic viscera being relieved from the pressure of an accumulated mass of fœces, and the congestion of the brain removed by revulsion. She had one or two slight convulsions afterwards, which were easily subdued by the chloroform. The vein was now re-opened, about a pint of blood taken, and the following mixture ordered every hour, in tea-spoonful doses, as an arterial and nervous sedative:

Sulph. Morphine, } 1 gr.
Tartar Emetic, *aa.* }
Water,.............4 ounces.

We now left our patient for a time, and about 11 o'clock at night visited her again. Her condition was much improved: pulse regular, about 80 pulsations per minute; skin moist and soft; breathing nearly natural. After 2 o'clock there were no more symptoms of convulsions, and consciousness gradually returned; but it was not until Monday morning that her senses were completely restored. Labor pains came on regularly, and she was easily and naturally delivered of a living child on Wednesday evening—no ill consequences resulting from the act of parturition, either to mother or offspring, although the latter was evidently premature, and died within a fortnight after its birth.

FATAL EFFECTS OF NEW ENGLAND RUM IN AN INFANT.—*Messrs. Editors:*—Thinking the following case may be of sufficient interest to be inserted in your journal, I place it at your disposal. J. SEAVERNS.

Jamaica Plain, February, 1857.

I had been attending a Mrs. McA., with an attack like colic. On the 22d inst. called at 5, P. M., and found her relieved. Her husband was lying on the bed, apparently stupid from the effects of liquor, but she excused him, saying that he was worn out by taking care of her. Next morning, on calling, I found her sitting up in bed and holding in her arms a child two years old, who seemed asleep. She declared herself better, but that the child required my attentions.

On inquiry, she reported that she had by the side of her bed a tumbler containing rum, sugar and water (put there "to wet her hands with when she was faint on getting up"); that the child being unwell, feverish and thirsty, about day-break cried for it; that she could not rouse her husband to get it water, as he slept so heavily, and that finally, to quiet it, she gave it the tumbler, thinking it would not like the taste; but to her surprise it drank the whole, and soon fell asleep. In a few hours after, being somewhat alarmed, she gave it some melted butter to make it vomit, which it did a little, and roused up also, but had since been as I saw it.

She said that the tumbler (rather a small one) was about two-thirds full of the mixture, and that in it was only about two spoonfulls of rum, "such as you bathe in"—the spoon indicated being one between a desert and table spoon, which would hold perhaps three drachms; furthermore, that the child had frequently drank a little spirit; and that last summer, when ill, it took, by the advice of a physician, a half-pint bottle of porter daily for several months, and improved greatly. These statements were confirmed by her sister and husband.

The child was now pallid, quite relaxed, except that its jaws were closed firmly; surface cool; abdomen full, hard, not tympanitic; pulse about 130, faint at wrist, but seen beating regularly at the corner of the mouth; respiration 50, with a good deal of mucous rattle in the throat, but no movement of the nostrils to indicate dyspnœa. Auscultation impossible on account of noise in throat.

I gave mustard and warm water, hoping to induce vomiting; also a large enema of soapsuds and castor oil, which was retained. The child at first swallowed very slowly and passively, but presently showed more color, and resisted by moving its head and spitting. It was then rubbed smartly, shaken, and afterwards slapped with the hand for some time on the nates and the soles of the feet.

In from half to three quarters of an hour its lips appeared natural, and there was some color in the cheeks; it opened its eyes drowsily, and cried after each slap—breathing, too, with less noise. At the end of this time, having another patient waiting, and having but little doubt of its recovery, (considering the quantity taken), I left, though neither emesis nor catharsis had taken place, with directions to repeat the mustard and the injection every half hour till some effect was produced; to keep the child in motion, and more particularly, to send for me again if it was not better at noon.

Being elsewhere engaged, I did not call during the day, supposing, as I was not sent for, that the child must be better. At eight next morning, called and found the child had died about two hours before, having continued "in the same fit all the time." To my expostulations at not having been summoned, they merely replied, with the greatest resignation, that it would have been of no use; that nothing could have saved it; that it was all their own fault, etc., etc. *Post-mortem* examination out of the question.

The case is involved in much doubt, from the character of the witnesses;

but if their statements be believed, it would indicate death in about twenty-four hours from less than an ounce of New England rum. Is this possible?—*Boston Medical and Surgical Journal.*

GESTATION AT ADVANCED AGE.—*Messrs. Editors:*—I forward you two cases of accouchement, which are somewhat interesting on account of the ages of the patients. If you think them of interest enough to insert in your Journal, please do so.

CASE I.—Mrs. B., married about twenty years. Has had three husbands. Is 44 years old. Was confined with her first child Dec. 6th. I was called at 10 o'clock, A. M.; child born at 4 o'clock, P. M., of the same day. Had been in labor forty-eight hours before I saw her. Head presentation. Child very large, weighing thirteen pounds. Mother and child doing well.

CASE II.—Mrs. H., married two years. Is 48 years of age next April. Was confined with her first child Jan. 29th, 1857. First saw patient at 3 o'clock, A. M., 29th. Labor began at 6 P. M., 28th. Knee presentation, with prolapse of cord. Waters broke early. Was delivered at 6 o'clock, P. M. Child still-born from compression of cord. Contraction of os uteri very strong. Was obliged to give a nauseating dose of tartar emetic in order to deliver the head. G. F. JACKSON.

Boothbay, Me., February, 1857.

[*Boston Medical and Surgical Journal.*

LIGATURE OF THE EXTERNAL ILIAC ARTERY.—Mr. Hilton has recently dismissed from Guy's Hospital, a man for whom, some four months ago, he performed ligature of the external iliac, on account of aneurism of the femoral extending nearly up to Poupart's ligament. The recovery was complete, the wound being soundly healed and the tumour solid. It had, indeed, been throughout quite satisfactory, excepting some slowness in healing, and, at one period, a tendency to sloughing on the part of the wound. There had never been any inconvenience as regards the circulation in the limb. This case makes the fifth ligature of the external iliac which has been performed in the London hospitals during the last three years, and of these four have been successful. The operators have been: Mr. Skey, once; Mr. Solly, once; Mr. Hilton once, and Mr. Fergusson, twice. The fatal case was one of those under the care of Mr. Fergusson, and in which unusual difficulties attended the operation on account of the inflammation of glands, cellular tissue, etc., surrounding the vessel. The patient died of pleurisy. In all the cases the patients were men, and in fair health, the disease being aneurism of the femoral. The proportion of deaths is exactly that shown in the collection of cases made by Dr. Crisp in his Jacksonian Prize Essay on Diseases of Arteries, who gives 45 cases and 9 deaths, or exactly 1 in 5. It must be remembered, however, that Dr. Crisp's statement has no claim to be trusted as statistical, since it is made from published cases, whilst it is well known that successful ones find their way into print much more readily than those ending fatally. Still, there can, we think, be little doubt but that ligature of the external iliac is a much less dangerous operation than is generally supposed.—*Med. Times and Gazette, Jan.* 24, 1857.

DR. J. GLUCK.—This German savan, who had the skill and kindness to relieve Dr. Green and the New York Academy of Medicine from their awkward dilemma about the catheterism of the air passages, as noticed in the Medical Recorder, Vol. IV., page 253, writes to the Medical Monthly, from London, in the following puerile strain about the great opponent of these catheterizers: "Erichsen is rusticating at Scarboro, possibly trying experiments with the sponge on irrational animals, for he found out that he has to go down the throat or suffer in the estimation of the lovers of truth." *Possibly* he may succeed in *going down* the trachea one time in a hundred, like Dr. Green before the Academy, or that he may fail entirely for want of the *long fingers*, deemed so essential by this Dr. Gluck; but most likely if he does not wish to "suffer in the estimation of lovers of truth," he will persist in *going down the throat*, as Drs. Green and Gluck do, by way of the esophagus.

(The following excerpt, is only one more piece of evidence, that the medical men all over our country are beginning to expect something more of medical schools than the mere advertisement of "Diseases of Women and Children," as a part of their programme. It is a branch which, to be properly taught, requires a special professor.—EDS.)

DISEASES OF WOMEN.—*By F. B. Watkins, M. D.*—I have some recollection, while I was a student of medicine, of reading in the several programmes and curricula of the various medical schools, that there was a Professor of "Obstetrics, and *Diseases of Women*," etc. When, in due time, I became a member of a medical class, I listened with interest to the professor's lectures on the bones of the pelvis—its straits, its axes, its planes—of the fœtal head—its long and short diameters, its trachelo-bregmatic, its fronto-mental, its occipito-bregmatic diameters, its circumferences, etc., etc. Then of gestation, of labor—of its eutocia and its varieties—of dystocia and its complications. Then I saw the wonderful mannakin and its strikingly simple evolutions—in a word, I listened to all of this, and thought it interesting. Towards the close of the session, I waited with some impatience to hear something about the peculiar and specific "diseases of women." (I supposed women had peculiar diseases, because the programme said, Dr. ——was professor of those diseases.) Nothing was said, except, "Young gentlemen, I am sorry I shall not be able to deliver lectures on another and very important branch, the 'diseases of women.'" Then I *knew* there must be some diseases of women, peculiar to themselves. Well, the next winter came, and I listened to the same rolé, and the same apology at the close of the session.

I returned home, put up my sign as a regular M. D., and thought myself so, because all my professors had said I was, and had given me a diploma, which said I was "Virum probum in artis medicæ scientia plenius instructum," and among the signatures there was the "Professor of Obstetrics and *diseases of women*."

I had heard truly, that women had an organ which men had not, and that this organ gestated and menstruated. But since fecundation, gestation and menstruation are not *diseases*, I hardly supposed the title of the professor had reference to them. He had never told me of amenorrhea, dysmenorrhea, menorhagia, ovaritis, vaginitis metritis, inflammation, ulceration and hypertrophy of the os-tincæ and neck of the uterus—of none of these had he told me.

Do you remember, Messrs. Editors, when you were first consulted by a pale, wan, worn, haggard looking woman, who could only tell you she had pains in the loins, dragging heaviness in the groins and thighs—how she could not stand without feeling as if her "insides were coming out"—how abundant her mensual flux was sometimes—how "irregular" she was—how she had constantly "*whites?*" I say do you not remember that perhaps the first thing you did was to get a little female syringe that held about two ounces, and told her to inject alum water, or chamomile tea, or solution nit. argent, three times a day into the vagina, etc., and by and by she thought she was *better*, and you thought you had cured her, and perhaps said so? Do you remember that woman still kept her house, and walked as little as possible, and by and by told you she was worse again? And do you remember you began to think she had prolapsus uteri, and gave her a pessary, and how she began to improve again, and this time she certainly would be cured—and how by and by, she sent for you and told you she was worse than she ever was, and you must take that pessary away, it would kill her? And will you ever forget with what agony you found the vagina so tender, you could scarcely remove the pessary, and when it was removed, a sanious, ichorous fetid muco-purulent discharge followed, and you thought—"Well, what shall I do?" You went, perhaps, to some senior brother for advice and consolation. You needed it. Could he give you any? Your professor had not taught him more than he had taught you; and so the poor suffering woman had to go down to her grave, unless she was able to make an expensive trip to some speciality-woman's doctor, away off in some distant city. If she did, mayhap she was cured, and you had the consolation of losing her confidence, the confidence of her friends, and of every family in your vicinity, because you did not know how to treat a case which your professor had never taught you how to treat. I suppose many of my brethren, if not every one of them, can refer to their record, and while they refer, memory will bring back the feeling I remember; and after agonizing through such experience, I began to think that this matter was of more importance than the "obstetrics" themselves, and thought it was about as pretentious to advertise the "splendid and beautiful play of Hamlet, with the character of Hamlet left out by request," as to advertise "Professor of Obstetrics and "*Diseases of Women*," with the "diseases of women" left out.

Perhaps after your patient had returned home cured, you learned that the whole simple treatment had been by the use of the speculum, the disease had been detected and treated locally by caustic and leeches, and the constitution by a little iron and beefsteak or porter. Here a new light broke in upon you. Speculum! what is that? Have I ever seen one? No! I wonder the professor did not tell me something about that valuable instrument, and show it to the class? I will get me one. But then I shall not know what to do with it. I will get one, at all events, and maybe some book may tell me something about it. And you went to examine the surgical instuments, and you hated to show your ignorance, and so you looked some time to see if you would know it at first sight, but you did not. You saw at last a queer looking affair, which you knew could not be used in any surgical operation—(you knew all those)—and you reckoned it must be a speculum. So you asked a young man, "Let me look at that ———" "Speculum, sir?" said he, and you said very knowingly, "Yes," when in truth you did not know it even by sight; so you bought it and carried it home, with your book, and you had to become your own professor of "diseases of women." In fact, you were just commencing your study of this branch of medicine, while your diploma said you were "plenius instructum." But you knew better; you had had no instruction, much less plenary, at all.

Probably there was some poor woman, who though she had no confidence in you—(the far-off doctor had killed you entirely)—yet she must have some relief, and she sent for you; she would send for some quack. *May be* you might relieve her. So you said, I will try my hand on this case, and if I don't relieve her, I will throw physic to the dogs and turn overseer, or canal digger, "or shut myself up in a pike."

Fortunately there were no very urgent symptoms at the first visit, so you took your book and speculum and began to manipulate through an imaginary ostium vaginæ; and you refreshed your memory as to the axis of the inferior strait, and you thought that you were a full professor already. So at the next visit you had directed a thorough evacuation of of the rectum and bladder, placed the woman secundum artem, on her back, pelvis raised, spine flexed, feet on two chairs, and with some confidence passed the end of the speculum into the ostium vaginæ; when lo! it stopped, and the poor woman shrieked in agony. You were in agony, too, I know. I think now I can see the big drops stand on your face, while you are more dead than alive. You wished in your heart that the speculum had some tonic contraction of something outside, which would drive it home without any agency on your part. For it must be introduced, and how are you to do it, without almost murdering the woman? Just at that moment the thought occurred to depress the fourchette, and pass the mouth of urethra, and with a backward, downward direction, your patient ceased to complain, and you drew a sigh of relief. Gradually and cautiously you gently insinuated the speculum, until you supposed you had gone far enough. You saw something that looked like a tench's mouth, and you supposed it was os-tincæ. But you were disappointed—you saw no bleeding or ulcerated surface—no phagadena, no carcinoma—

certainly there was a little inspissated whitish mucus on the sides, but that did not explain the disease. Anyhow, the "woman's doctor" has used caustic, and so will I. So you introduced your porte-caustic, and lo! the os-tincæ yields, and you found that rosette looking os, was nothing but the collapsing of the walls of the flaccid vagina, and you had not reached the cervix-uteri at all. Who was to blame? who had taught you better? Gradually and gently pressing the speculum still further, you had the good fortune to engage the neck fully and well. I say fortunately, for had you failed to do so, you would never have had the courage or confidence to manœuvre very long in the effort. You were in regions unknown, unexplored by you before, and not one ray of knowledge to light you on your devious, difficult path.

But now comes your material trouble. Can you tell whether it is a simple ulceration of the epithelium, or an inflammation, framboisee, or a carcenoma, or a scirrhus, or a polypoid excrescence, or a venereal vegetation, or an erythema, or a hypertrophy, or a scirrhous engorgement, or a tuberculous induration? In a word, did you know what it was? Who had told you? The professor of diseases of women? No! no! You were in your first lesson.

The peculiar specific diseases of woman, their etiology, pathology and treatment, have a dignity, gravity and importance which have not, I think, been properly recognized and acknowledged by the profession generally. The fact of their receiving the "go-by" so completely by the teachers, proves one of two things, viz: they are not esteemed grave, or they are not understood and appreciated. I say this with becoming diffidence, and with the utmost respect for the learned professors. Yet I have in my mind a better, perhaps a truer apology for this neglect, i. e., under the present system of teaching, there *is not time for the professor* to lecture fully and intelligently upon these diseases. I for one would be glad to see women's diseases made an independent and full professorship. I have now before me a work of 600 or 700 pages, written by an author who is himself professor on "females and their diseases"—C. D Meiggs, of Philadelphia. His lack of time during the session made it necessary to publish this book.

Professor Meiggs says: "I felt that I had not fully discharged the obligations of my professorship as relates to disquisitions upon sexual maladies—the time allowed for a course of lectures, *a period of only four months,* is *too short* to permit *any one fully* to describe the many diseases to which females are liable. There was much incumbent on me to say which *the shortness of your sojourn* here would not allow me leisure to say"—(the italics are my own.) What a commentary on the *"fast"* way of making M. D.'s! What an argument is a book of 700 pages against this system! Reform! reform!! The learned doctor has fully exonerated himself from any charge of short-coming in this regard. At a cost of immense labor—in the intervals of leisure of a most harrassing and extensive practice—amid the labors of a professorship—he has deserved, and will receive the hearty thanks of every member of the profession, for his valuable treatise on this subject. Oh, how I should have blessed him eighteen years ago! I do now.

The uterus and its appendages—its vascular and nervous relations—the peculiar anatomical structure of its surgical neck—its proclivity to disease, and the great frequency of it—the protean sympathies, which set in in every imaginable form of nervous disturbance and irradiations, the obscurity and difficulty of diagnosis—the peculiar delicacies which involve both the patient and practitioner—the wild higgledy-piggledy theories of menstruation, ovulation, conception—in a word every thing almost about the uterus, has been a terra incognita to the professors, through many and long years of its experience and history. Verily, a brighter day is dawning. The press is teeming with offspring in labor to parturite fully on the poor woman's womb. Churchill, and Dewees, and Meigs, and Colombat, and Bennet, and Lesfranc, and Velpeau, and Lee, and Rigby, and Tilt—indeed, a host of worthies, are now shedding noontides of light where there was lack; and yet the light is as darkness. Twilight still rules, where there should long since have been meridian brightness.—*From the Richmond Monthly Stethoscope.*

THE SEAT AND NATURE OF HOOPING COUGH—*By M. Beau.*—Read before the Academy of Sciences, Paris. Translated from the *Gazette Medicale* for the American Medical Monthly.

Hooping cough is symptomatically characterized by a sort of convulsive cough, which so resembles, that it may be mistaken for it, that condition of imminent suffocation which is experienced when one swallows, as it is vulgarly called, *the wrong way.* The seat and the nature of this disease—peculiar to infancy, which it often affects epidemically—are still unknown. According to some authors, it is one form of bronchitis; in the opinion of others, it is a pure and simple nervous affection of the air-passages; according to others, again, it is a complex disease, belonging at the same time, to catarrhal and nervous affections. The aim of this article is to show that hooping cough is an inflammation of the air passages, as I have learned from the various examinations of the cadaver which I have made. I will show, in addition, that this inflammation occupies a somewhat narrow and singularly circumscribed position; and, as we shall see, it is precisely the peculiar seat of this inflammation which will readily explain to us the characteristic symptoms of hooping cough.

Hooping cough, we have said, resembles the condition of imminent suffocation produced by the penetration of a drop of liquid into the larynx. Nothing remains to render the similarity complete, except to find in the material circumstances of the disease, the drop which falls from time to time into the larynx, and produces, as does that which is sometimes introduced therein during the act of swallowing, the effects of suffocation which we have noted. But the possibility of the fall of a drop of liquid exists also in hooping cough, as we shall endeavor to show.

The portion of the mucous membrane of the air passages which, as we have above stated, is inflamed in hooping cough, is that somewhat narrow zone which exists between the superior orifice of the larynx and the superior vocal chords. This rather limited supraglottic region, as is well known, becomes gradually enlarged, in proportion as we ascend from the glottic opening towards the superior orifice of the larynx, so that its general form is somewhat like an *infundibulum*, or funnel, whose base is above at the superior orifice of the larynx, and the smaller end below at the opening of the glottis. This is the very point which my anatomical invesgations have most positively shown me to be affected by inflammation. The mucous membrane forming this supra-glottic funnel is red, slightly swollen, and often covered with a little muco-pus. Now, this muco-purulent secretion, when it exists in sufficient quantity, must fall or flow upon the glottis, and it cannot fail to be received there as a veritable foreign body. This, in fact, does take place—that is to say, suddenly the glottis contracts, and from this there results a sharp hissing sound on inspiration; then there succeeds a spasmodic and jerking cough on expiration, and this cough is followed by the rejection of quite a large quantity of phlegm suddenly secreted, in which the muco-purulent drop, the cause of all these symptoms, is diluted and brought away.

It now remains for us to show, by the assemblage of other characteristics of hooping cough, the truth of the symptomatology just developed.

The duration of hooping cough is usually divided into two periods—a catarrhal period and a nervous period; and from this very dividing line, we recognize in it a complex nature, belonging, at the same time, to catarrhal and nervous affections. The catarrhal period, in addition to the symptoms of intermittent and characteristic suffocation, is marked by general phenomena, such as restlessness, exhaustion, anorexia, painful weariness, and even sometimes fever. The nervous period, of much greater duration than the preceding, is attended only by the characteristic symptoms of suffocation, which, during this period, are both very marked and very frequent. It must be seen that these two periods are perfectly intelligible, when considered as supra-glottic laryngitis. Indeed, in the first period, called catarrhal, there is restlessness, weariness, and fever, even, because the supra-glottic laryngitis is in the acute stage. In the second period, called nervous, there are no longer general symptoms, because the inflammation has passed into the chronic stage; and the local symptoms of characteristic suffocation are at the same time more intense and more frequent, because the secretion of muco-pus, which falls upon the glottis, is also both less viscid and more abundant.

The spasms in hooping cough are often hastened by some moral cause, such as sudden emotion, anger, etc. This etiological circumstance, which is considered as a stamp of its nervous nature, is very readily explained by the inflammatory nature of the disease. In truth, we frequently see persons, affected by a humid rash of the face, present a sudden increase of the eruption under the influence of some sudden emotion. Why may not that which occurs in the secreting inflammation of the skin of the face, also happen in the secreting inflammation of supra-glottic laryngitis, thus provoking more readily a paroxysm of hooping cough?

Until now it has been said that the paroxysms of hooping cough are preceded by a peculiar sensation of stricture in the pharynx, or about the upper parts of the throat. This premonitory symptom is very naturally explained by locating hooping cough in the supra-glottic region of the larynx.

Finally, there remains the question of contagion, which is admitted in hooping cough, and which is easily understood, in accordance with the views forming the subject of this article. In fact, analogy naturally leads us to admit that the supra-glottic laryngitis, which gives rise to the symptoms of hooping cough, may be contagious, just as pseudo-membranous laryngitis and stomatitis and conjunctivitis are contagious. Certain corpuscles, retained in solution, and in some degree volatile, after having been expelled by expiration, may very easily be inspired by other individuals, and in that manner be deposited upon a healthy larynx, which thus becomes inflamed by contagion.

ETHERIZATION IN CONVULSIONS.—Dr. N. J. Knight communicates to the Boston Medical Journal his experience with ether in controlling convulsions, and especially the convulsions of children, as follows:

"I think etherization in cases of convulsions in children and adults, is not fully known and appreciated. To every case of teething convulsions, in my practice for the last three years, I have administered the pure sulphuric ether, and immediate restoration has followed with the most pleasing effect.

"A severe case of puerperal convulsions occurred in my practice last month. A lady who had, at three previous pregnancies, miscarried at periods varying from four to seven months, was taken with the usual symptoms of abortion, and sent for me in haste. Perfect quiet and an anodyne were prescribed; the alarming indications soon passed off, and I left. About three o'clock the next A. M. I was sent for, and found the patient recovering from a convulsive fit. Bleeding, a cathartic, cold to the head, sinapisms, to the neck, legs, etc., did not prevent the recurrence of three more convulsions in less than ten hours, when I commenced the administration of sulphuric ether, and although no more convulsions occurred, it was not until near the end of forty-eight hours that the nerves became so calm as to allow the ether to be omitted altogether. Ten days from the first attack the lady was delivered of a seven months' child, which had evidently been dead from the time of the first convulsion.

"I have had a severe case of convulsions of a married lady, this week, and etherization shortly restored the patient to a healthy condition.

"I consider ether really the only safe and efficient remedy for convulsions of *teething children*, or adults, now known to the profession. Probably the half is not yet learned that etherization can accomplish for suffering humanity."—*Cincinnati Med. Observer, for March.*

ELECTRICITY IN AMENORRHŒA.—Dr. Sanders says, in his article on physiological electricity, that in those cases of amenorrhœa where no congenital malformation exists, the application of the electric current will always be attended with success, even after the usual remedies have been tried in vain; but that it is important to combine with the electrical treatment, or to precede it by certain tonic medicines and invigorating diet and regimen. He quotes Dr. Bird as observing that, in electricity we possess the only real direct emmenagogue with which the experience of our profession has furnished us. He has never known it to fail to excite menstruation when the uterus was capable of performing this function. But this capability is always an important consideration. Nothing can be more absurd than to undertake the excitation of this, or any other secretion, while the state of the particular organ to be excited is such as to forbid secretory action. The electric current may be sent through the uterus either from side to side through the hips, or from the sacrum to the pubes. Perhaps it would be still more effectual in cases of extreme torpor, to bring one of the wires in direct contact with the os uteri.—*Southern Jour. Med. & Phy. Sciences.*

PROFS. BOWLING AND EVE:—*Gentlemen*—I send you a report of the following *unique obstetrical case,* as an example of what our mountain women can undergo with impunity, that you may contrast it with the cases occurring in your large cities, where woman is so far removed from a *state of nature.*

Mrs. H., a stout, healthy woman, about twenty-five years of age, the wife of a poor laboring man, and the mother of one child, became pregnant a second time, and the "*Function* of labor" took place under the following circumstances.

Having approached very near her full term, but not feeling any symptoms of labor, and being desirous of visiting her father, she, on the 26th of April last, walked to the house of her father, a distance of five miles, accompanied by her husband and child. The next morning they set out on their return home, and had not gone far before she began to experience symptoms that indicated the approach of labor, and the farther they traveled the stronger became the symptoms. Having arrived within one mile and a half of home, the pains became quite strong, and her husband insisted on her stopping at a neighbor's house near by, but she preferred going on and trying to get home before lying-in. The next mile of their way lay over what is known in the neighborhood as "little mountain," which is a rough, rocky ridge, a few hundred feet high, situated some miles distant from the main range of Cumberland mountains. As the party began the ascent of the mountain, a black cloud commenced rising above the horizon. The party continued to climb the mountain, the cloud continued to ascend the "steep of heaven," and the poor woman's pains continued increasing at an alarming rate. The party gained the summit of the mountain just as the cloud came over their heads, and the woman's pains likewise gained their utmost intensity; and there, on the top of that rugged mountain, while the windows of heaven were "wide open," and the rain falling in torrents, while the thunder was shaking the mountain to its centre, and the wind was blowing a hurricane, the woman sat down at the root of a tree and gave birth to a *fine son.*

As soon as the worst of the storm had passed over, the husband left his wife and children, and went on in the direction of home, to the nearest neighbor's house, to procure some dry blankets, quilts or something of the kind for his wife. On his return back he met his wife—she had taken off her dress, and wrapped the child and after-birth up in it—the cord not yet being divided, and was *carrying it* on one arm, and leading the other child, making her way towards home. So much rain had fallen that it was impossible for her to get home without wading in the water nearly to her knees for some distance. And before she could get home she had to cross a ten-rail fence, which she did with her babe in her arms. The balance of her way was over a newly plowed field, through which it was then very difficult to walk. A couple of ladies seeing her going home in so bad a condition, went to her house, and by *persuasion* they got her to bed. A gentleman of the vicinity soon came in, and after hearing the history of the labor, he asked the husband how he felt while his wife was in labor. He answered that he was greatly alarmed. The wife spoke up and said, that "she couldn't help being *tickled* to see how badly scared he was."

The next morning she got up and prepared breakfast for her family as usual, and has attended to her household affairs ever since, without any inconvenience.

The child was named Thomas Jefferson, and is still living and doing well.

Most respectfully,

JOS. C. SHAPARD.

DECHERD, Tenn., January 15, 1857.

[*Nashville Journal of Science and Surgery.*

Tragic End of John Hunter.—This distinguished surgeon, as our readers are aware, was attached to St. George's Hospital, London, and his temper was often sorely tried by his colleagues as well as by the governors of the hospital, who bitterly opposed what they termed his "innovations." Hunter had long been a sufferer from cardiac disease, and dreaded the effects of mental excitement, to which his irritable temperament rendered him constantly exposed. The last act of his enemies, and its melancholy result, are thus recorded by his biographer, Mr. Ottley;

"A committee was subsequently appointed to draw up a code of rules for regulating the admission and instruction of pupils; and a set of proposals was submitted to them by Mr. Hunter's colleagues, which was agreed to without his having been even consulted on the occasion! Many of the regulations adopted continue in force to the present day; others, and especially those relating to the better instruction of the pupils, soon fell into disuse; and some seem to have been especially directed against Mr. Hunter. Amongst these latter, was one which determined that for the future, no person should be admitted as a student of the hospital without bringing certificates that he had been educated to the profession: a regalation which was probably designed to exclude Mr. Hunter's countrymen, who sometimes came up to town recommended to him, and entered as his pupils at the hospital, without having had any previous medical instruction. Nor was this clause long in taking effect; for in the autumn, two young men, who had come up to town ignorant of this new regulation, applied to Hunter to be admitted under him at the hospital. He informed them of the law which had been passsd, but undertook to press for their admission at the next Board-day and directed them to furnish him a statement of their case in writing. On the 16th of October the Board was to meet, and Hunter proposed to fulfil his promise, though he was so well aware of the risk he incurred by undertaking a task which he felt would agitate him, that in mentioning the circumstance to a friend who called on him in the morning, he expressed his apprehension lest some unpleasant dispute might occur, and his conviction that if it did, it would certainly prove fatal to him. At his accustomed hour he left his house to commence his morning rounds, and by accident forgot to take with him his list of appointments; he had left the house but a few moments when it was discovered, and Mr. Clift, who was then residing in his house hastened with it to York Street, St. James's, the first place on the list, where he found the carriage waiting. Hunter soon made his appearance, took the list, and in an animated tone called to the coachman to drive to St. George's. Arrived at the hospital, he found the Board already assembled, and entering the room, presented the memorial of the young men, and proceeded to urge the propriety of their being admitted. In the course of his remarks, he made some observations which one of his colleagues thought it necessary instantly and flatly to contradict. Hunter immediately ceased speaking, retired from the table, and struggling to suppress the tumult of his passion, hurried into an adjoining room, which he had scarcely reached when, with a deep groan, he fell lifeless into the arms of Dr. Robertson, one of the physicians of the hospital, who chanced to be present. Dr. Baillie had immediately followed him from the Board-room, and Mr. Hume, who was in the house was also summoned to his assistance. Various attempts were made for upwards of an hour to restore animation, under the hope that the attack might prove to be a fainting fit, such as he had before experienced, but in vain; life had fled; and all their efforts proving useless, his body was placed in a sedan chair and conveyed to Leicester-square, followed by his now vacant carriage."—*Western Lancet.*

ON HEPATIC DROPSY.—*By Dr. G. Burrows, F. R. S., Physician to St. Bartholomew's Hospital.*—[In a clinical lecture on this subject, Dr. Burrows first noticed the symptoms which most commonly attend these cases. They may be briefly mentioned, as, a swollen prominent abdomen, distinct fluctuation, sallow complexion, slightly jaundiced conjunctiva, pain and tenderness in the right hypochondrium, hard mass projecting below the ribs towards the umbilicus, high-colored scanty-urine, slight fever. Most frequently these symptoms will have been produced by intemperate habits, which generally bring on cirrhosis of the liver.]

The treatment of dropsy is, at all times, confessedly difficult; but according to my experience, these cases of hepatic dropsy are not so intractable as they are represented to be, in some modern treatises on diseases of the liver.

The first measure to be adopted will depend greatly upon the duration of the complaint. If the patient complain of pain in the right hypochondrium, or if there be tenderness there on pressure, together with febrile excitement, and the strength of the pulse will permit, I recommend you to resort to local depletion. A few ounces of blood may be taken by the cupping glasses or by leeches, from the region of the liver, and this depletion should soon be followed by the application of one or more blisters in the same region. In many cases the symptoms hardly call for vascular depletion, and we commence the local treatment by the application of a blister.

2. Evacuate the intestines by a freely acting purgative, and repeat this once or twice in the week; this evacuation affords relief, and, I think, is less distressing to the patient, and less irritating to the alimentary canal, than the daily use of less active aperients.

3. Having premised these measures, I advise you to lose no further time in resorting to the internal and external use of mercury, not in such doses as to affect the system rapidly, and as would be proper in cases of acute hepatatis, but very gradually.

I usually prescribe the pil. hydrarg. gr. iv., cum pulv. scillæ gr. j. nocte maneque, and find this quite sufficient for the purpose. But then, as soon as the blistered surfaces will permit, I order mercurial friction over the abdomen twice in twenty-four hours, and here I prefer the stimulating effects of the lin. hydrarg. to the simple inunction with the ung. hydrarg. According to my experience, there is no remedy so powerful in exciting the absorption of the products of inflammation within the abdomen or of fluid from the peritoneum, or of stimulating the liver to increased secretion, or the intestines to more energetic peristalic action, as mercurial frictions over the abdomen. This remedy is not only, in my hands, most efficacious in the treatment of ascites arising from chronic hepatatis, but also of inflammatory effusions within the abdomen; and likewise in obstinate constipation, sometimes erroneously supposed to depend upon mechanical obstruction of the bowels. I advise you to place confidence in these means in the treatment of ascites depending on cirrhosis; but remember it will be necessary to sustain the mercurial action for several weeks. It may be necessary to suspend the mercurial friction occasionally, and then, if any tendernsss be detected in the epigastrium or hypochondrium, a blister may be applied there.

4. Simultaneously with this use of mercurials, you may employ diuretics freely, if careful analysis assures you the urine is free from albumen. Some writers of high repute upon diseases of the liver speak disparagingly or doubtingly of the efficacy of diuretics in this form of dropsy, or of the ability to reduce ascites by the use of diuretics. This latter class of remedies are notoriously uncertain in their operation, but nevertheless, I have found them far from useless in the treatment of ascites, especially where

they have been combined with the remedies already enumerated. The diuretics I prefer are the salts of potash combined with sp. æth. nit. and sp. juniperi comb. I generally combine two or more of the following salts of potash in varying proportions—the potash bicarb., potassæ acetas, potassæ tartras, potassæ nitras, and potassæ iodid. When this plan of treatment has not a sensible effect in diminishing the ascites in the course of three weeks or a month, I should recommend you to resort to paracentesis abdominis at once, and not wait until abdominal distension has become enormous and the different internal organs almost paralysed in their functions by the long-continued pressure of the effused fluid.

Many advantages may be derived from one operation of tapping, which will not follow upon its repetition; indeed, the frequent withdrawal of the fluid by tapping causes much exhaustion, and may be followed by fatal peritonitis. The first removal of the fluid generally affords great temporary relief to the patient, but other advantages may be expected from the operation. If the operator's hand be carefully passed over the right side of the abdomen, when it is emptied of the fluid, he may ascertain with more exactness the real condition of the liver, whether it be enlarged or small, or retracted; whether its upper surface be smooth or nodulated by deposits in its substance. Such information may encourage a persistence in former treatment, or may dissuade from the use of all further exhausting remedies. Moreover, it not uncommonly happens that while the abdomen is enormously distended, diuretics and purgatives have little or no effect; but that, when the internal pressure is removed, the kidneys and bowels begin to evince their susceptibility to the influence of remedies previously administered with no success.

Lastly, I may warn you, that patients laboring under this form of dropsy have generally been accustomed to intemperate habits, and will not bear a very low diet. A moderate quantity of dry nutritious food is better digested than slops, and you will find the nervous system and the flatulent stomach require a small amount of some stimulant daily.—*Med. Times and Gazette.*

[Would not any one unacquainted with anatomy, to read the following, suppose that the uterus is an organ which hangs outside the body, and can be subjected to manipulation even more readily than the nose?—Eds.]

Treatment of Abortion.—The Medical Monthly contains an article by Dr. Carey, of Ohio, on a new method of treatment, the object of which is to arrest hemorrhage after all hope of preserving the ovum is past. This is proposed to be done by separating the decidua from all vascular connection with the uterus. The instrument for this purpose consists of an iron shaft, eight or nine inches in length, with an oval claw upon one extremity, and a placental hook upon the other. The claw does not exceed half an inch in breadth, with a fenestra of half its extent, and with a curve to correspond with the concavity of the uterus. An extemporaneous instrument for the purpose may be constructed from a piece of wire, by bending an oval loop on one extremity. The loop end of this instrument, guided by the finger, is carried up to the fundus of the uterus, and then made to sweep the entire cavity, separating the decidua from its attachments, when the hemorrhage ceases. The ovum may thus be extracted by the scoop, or, failing in this, by the hook. Dr. Carey says this practice finds a parallel or precedent, in Prof. Simpson's operation of separating the utero-placental connection, in cases of placenta previa, who assures us that in nineteen out of twenty cases in which he performed the operation, the attendant hemorrhage has either been at once arrested or very much diminished.

LACTATION IN PREGNANCY AND MENSTRUATION.—In the IXth Vol. of the Transactions of the American Medical Association, Dr. N. S. Davis has an interesting report on this subject, leading to the following conclusions; but the investigations were confined to three subjects and six examinations—too small a number to establish these conclusions beyond the probability of change.

1. The occurrence of pregnancy during lactation produces a very marked diminution of all the solid or nutritive qualities of the milk, such diminution continuing to increase as pregnancy advances.

2. In examining the separate proximate constituents, it will be observed that a much greater relative diminution takes place in the casein, the butter or oil, and the salts, than in the sugar and the extractive matter.

3. There appears to be added to the milk secreted during the progress of utero-gestation, some of the *granular* bodies or colostrum corpuscles, and numerous minute infusoria or animalcular germs, which have been very rarely found in healthy milk.

4. Changes, the same in kind, take place in the milk secreted after the

establishment of regular menstruation, but much less in degree; and the relative diminution of the several constituents is more uniform.

The profession is deeply interested in the further prosecution of these inquiries, which may result in the development of truths having an important bearing upon infant health and life; and considering the frightful amount of mortality among children, no investigations are more to be encouraged than those relating to this subject.—*Memphis Med. Recorder.*

Of Fissure of the Anus, and its Radical Cure, without a Bloody Operation—*By Dr. Chapelle.*—Read before the Academy of Medicine, Paris. Translated from the *Gazette Hebdom.* for the American Medical Monthly.

There is in this disease a neuralgic element which is its principal constituent. This accounts for the inefficiency of the therapeutical agents employed for the cure of the wound alone. All topical agents which do not act vigorously upon the neuralgic element, have been and cannot fail to be powerless. Among the curative means prescribed for this affection, the incision of the sphincter, used by Boyer, and since his time, adopted by most modern surgeons, has been the most successful. This operation acts in the same manner as the division of nerves in other neuralgias. Observation shows that the therapeutical result is the same whether the section is made at some distance from the muscle, or near to the fissure itself, another proof that the erosion of the mucous membrane is of but slight importance in this disease.

It was the decision as to the neuralgic character of this affection which led me to the discovery of a means for curing fissure of the anus, as simple as it is efficacious. Chloroform dissolved in alcohol is the means with which I have invariably succeeded.

I diminish or increase the proportion of chloroform according to the degree of sensitiveness of the patients. Ordinarily, I use the following:

R. Chloroform . . . 1 part.
Alcohol . . . . 5 parts.

I proceed as follows: With the fingers of the left hand I separate the borders of the anus, then I introduce deeply into this opening a badgers hair brush, previously saturated in the chloroform solution, and then withdraw the fingers. The sphincter naturally presses upon the brush, expresses the liquid which it contains, which acts rapidly upon the contracted tissues, produces a severe and penetrating heat upon the contaminated surfaces, and particularly upon the points where the fissure exists. Soon after the abnormal contraction ceases, and the patient only feels the effect of the liquid applied.

This mode of treatment is quite inoffensive. It has no other inconvenience than the local and immediate pain which follows the application of the chloroform liquid, but this disagreeable sensation soon passes off. Fourteen cases of anal fissure are reported, in which this means was used with constant success. Of these fourteen cases, four were cured by a single application: six by two; in three others it was necessary to have recourse to it three times; and in one, only, four applications were necessary before a cure was obtained.

On the Beneficial Effects upon Intractable Strictures of Opening the Urethra Behind Them.—The benefits of the plan of treating bad strictures by procuring a free escape for the urine behind the strictured tract has been well illustrated by a case now under the care of Mr. Cock, in Guy's Hospital. The end referred to may be secured either by puncture of the bladder, or by opening the membranous urethra, preference for one or the other mode being often optional with the surgeon. Of course, when no retention has occurred, and the bladder is kept empty, puncture of it cannot be resorted to; and in this class of cases, as well as those in which the perineum is the seat either of abscesses or sinuses, the perineal operation is to be preferred. The clinical fact on which the practice is founded is, that strictures, when once relieved of the irritation of the urine passing over them, spontaneously soften down and dilate. The plan, although much ridiculed by some, is a great favorite with some of our most practical hospital surgeons, among whom we may mention Mr. Cock, Mr. Wormald and Mr. Simon. Mr. Wormald terms it giving "the diseased urethra a holiday," and is very warm in his commendations. Mr. Cock and Mr. Simon we have often seen resort to it. In cases of impassable stricture, its advocates regard it as far safer practice than the attempt to cut through the stricture without a guide, a procedure acknowledged to be one of much difficulty and uncertainty. Mr. Cock's case referred to, may be briefly outlined as follows: A man in fair health, aged 30, had been for five years the subject of a long and most intractable stricture. His penis, etc., at the time of admission, was seamed with scars of incisions made for the relief of extravasation, and he stated that he had repeatedly suffered attacks of retention. The urine merely dribbled away, and there were numerous fistulæ in the perineum. After some weeks' patient treatment, Mr. Cock still found himself unable to pass the smallest instrument. The mass of induration around the urethra was very large. The man was now put under chloroform, and with a straight-bladed knife Mr. Cock opened the urethra by a single plunge,* just anterior to the prostate. No staff was in the urethra at the time, and no attempt whatever was made to divide the stricture. A female catheter was passed by the wound into the bladder and retained a few days. No urine whatever flowed by the penis for upwards of a fortnight, and at the end of this time a No. 5 catheter was pretty readily introduced through the stricture. No case could better prove the principle that strictures, when relieved from irritation, do really soften and spontaneously dilate. There is, indeed, whatever some may have held, nothing singular in the circumstance that they should do so. In cases of Amussat's operation, performed for stricture of the rectum, the latter has been known to dilate afterwards very considerably, and the effect of tracheotomy in relieving chronic laryngeal disease, is well known to all surgeons.—*Med. Times and Gazette, Dec.* 20, 1856.

ON A SIMPLE MODE OF REDUCING A DISLOCATED ELBOW.—*By M. Bidard of Arras.*—In a recent communication to the Société de Chirurgie de Paris, M. Bidard relates a case in which a dislocated elbow was reduced in a very simple manner, after the ordinary means had failed. A child, aged 13, had dislocated his elbow, and the dislocation had been reduced in the ordinary way. A month later the elbow was again dislocated. On this occasion the child said nothing about the accident, and five weeks passed before the mischief was discovered, and the attempts at reduction repeated. These attempts failed. It then occurred to Mr. Bidard to persuade the child to swing himself by both hands from a cross beam of wood› and to allow his hands to be held in this position by another person when he became tired. These swingings were continued for fifteen or twenty minutes at a time, and repeated every morning and evening; and the result was that the displacement had entirely disappeared on the seventh day. It appears from the account, that the displacement diminished progressing between the first and ninth suspension; and that the rest of the deformity disappeared suddenly during the fourteenth suspension.

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* The term "plunge" may possibly be misunderstood. All that it is intended to imply is, that the knife should be pushed steadily on in the median line, until the urethra is reached, and that there should be no side cutting. The forefinger of the left hand should be in the rectum, just touching the anterior edge of the prostate, and should serve in a certain sense as a guide to the knife. The making but one cut with the knife secures that the wound shall be of a conical shape, its apex being the urethra. The circumstance that the urethra is dilated behind the stricture much facilitates the finding of it. The careful keeping the knife in the median line is the one important point in the operation.

This method, as Mr. Larrey observed afterwards, possesses some analogy to that of the *door*, as formerly practiced by some surgeons, but with this difference, that the reduction is effected gradually in this case and suddenly in that.

As to the rest, we are disposed to think there need have been no difficulty if the chloroform had been employed; for, unquestionably, dislocations of much older standing are easily reducible with the help of this agent..—*Gaz. Hebdom. de Méd. et Chir.*

LARGE CONCRETIONS UNDER THE PREPUCE.—*By Dr. Jno. G. Kerr.*—*Case* 1. A man aged fifty-eight, from the Province of Kevong Lai, has had phymosis forty-five years. During this time a concretion has formed within the prepuce. On performing the usual operation, a stone of the size and shape of the glans penis dropped out. It rested upon the glans, which, with the mucous lining of the prepuce, was healthy. The concretion has about the specific gravity and appearance of chalk, but is not perfectly white. Weight two drachms.

Case 2. A patient presented himself, May 28th, 1856, with phymosis and hypertrophy of the prepuce. Pressure gave a very peculiar sensation to the fingers. Upon opening the prepuce one hundred and three small calculi were taken out; they were smooth, of a slightly yellow color; some about the size of a pea, some larger and others smaller; weight of the whole a little more than two drachms.

Case 3. This case was similar to the last. The prepuce contained twenty-five calculi, but some of them were much larger; weight of the whole same as last.—*Medical Examiner.*

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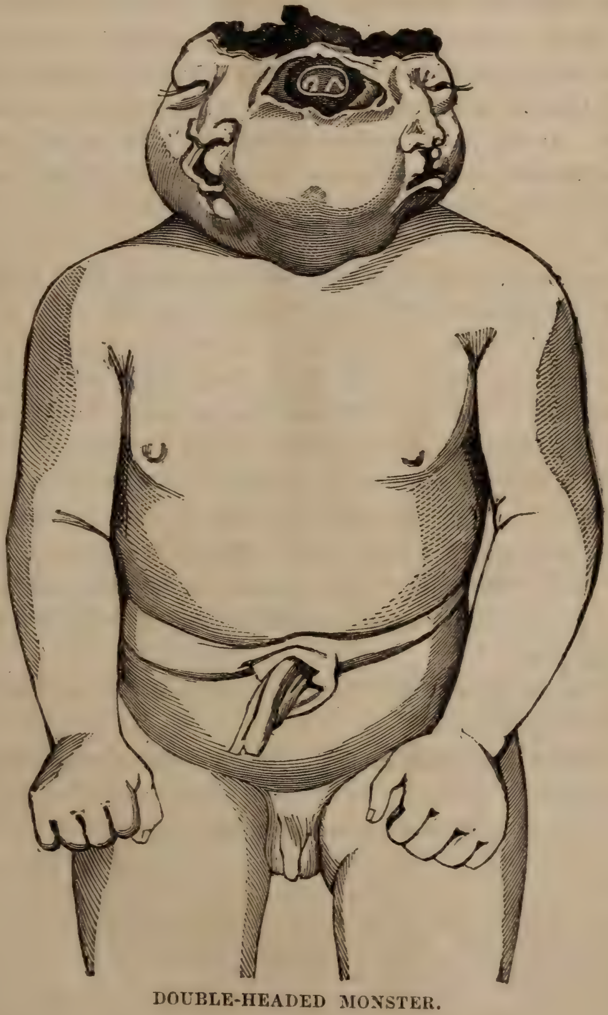

DOUBLE-HEADED MONSTER.

DOUBLE-HEADED MONSTER.

JEANERETTS, ST. MARY, March 21, 1857.

D. WARREN BRICKELL, M. D.—*Dear Sir:* The appearance in the January number, 1857, of the American Journal of Medical Sciences, of Professor Meigs' case of "Double-Headed Monster," has induced me to forward you a drawing of a strikingly similar one in my possession. The one I have was born in this Parish, of a slave mulattress, some four or five years ago, under the professional care of Doctor Faéron, a French physician, to whose courtesy I am indebted for the specimen. Doctor F. furnished an article descriptive of the monster, without a drawing, to a small Medical Journal at that time published in New Orleans in the French language. As that journal had a very limited circulation, and being published in French, was seen and read by few American physicians, I send you this drawing, with a short description, which you are at liberty to publish.

You can vouch for the faithfulness of the drawing, when I inform you that "Porte Crayon," of Harpers' Magazine, was the clever artist who executed it.

Professor Meigs' case and this are both anencephalous, and each has a compound eye in the centre, between the two faces. In this specimen, the eye is protuberant, and is not covered with a palpebra. Both have hare-lips: in this, the right face has a double hare-lip, and the left a common hare-lip. In this, the posterior part of the head, on a line with the top of the ears, is perfect, and covered with hair. The genital organs of this are male. The dotted point between the two faces, and under the common eye, represents a small foramen, probably the orifice of an attempt at a common ear.

With the exception of the head, the child is perfect, and would probably weigh eight pounds.

This monster lived twenty-six hours, cried and took nourishment through both mouths.

Respectfully and sincerely yours,

JAS. B. DUNGAN.

PLACENTA PRÆVIA, ADHERENT PLACENTA, AND EXTREME OBLIQUITY OF THE OS UTERI, IN THE SAME SUBJECT.

By M. C. Boyse, M. D., of Falcon, Arkansas.

Cases of placenta prævia are fortunately of rare occurrence, for such cases are generally fraught with great danger to both mother and child. Cases of adherent placenta, I am inclined to think, are more rare than we would expect to find them, according to the books, incarceration being, no doubt, often taken for adhesion; but that adhesion does sometimes occur, I am perfectly satisfied from actual experience.

The following instance of concurrent placenta prævia and adhesion may not prove uninteresting to some of the readers of the *Medical News and Hospital Gazette,* and I submit it for publication.

March 15th, 1857, I was called to visit Mrs. S., aged 23 years, then in her third labor—general conformation and constitution good. I arrived at 8, A. M, found her flooding moderately; was told that labor had commenced six hours before my arrival. She stated that she had been flooding about every four weeks during the last three months, but the attacks were slight. Her countenance was now anxious, lips pale, pulse small and 120 to the minute—tongue somewhat dry but clean.

From the past history and present condition of my patient I suspected that this was a case of placenta prævia, and I immediately proceeded to make an examination per vaginam. This, however, did not afford me the information I desired. I could touch the uterus readily, but could not find the os. I could detect the head of the child through the parietes of the uterus, but there was also another soft substance between the uterus and the fœtal head, which I supposed to be the placenta, and as the case progressed I found this opinion to be correct. As the pains were not urgent, the hemorrhage not very profuse, and the vulva and vagina very tender, I declined any further examination for the present, intending to remain with the patient until some change occurred. I gave her morph. sulph. gr. ½, and plumb. acet. grs. iij, applied a bandage round the abdomen, and enjoined perfect quietude in the recumbent position. Her bowels being constipated, I also ordered an enema, which had the desired effect in about two hours. The pains continued at regular intervals of thirty minutes through the day. The hemorrhage ceased, or nearly so. At 4, P. M., I made another examination, but gained no information in regard to the os uteri. At 10, P. M., labor pains set in more severely, with shorter intervals, and the hemorrhage was more profuse. I again made an examination, but without ascertaining the true condition of my patient, and had it not been for the hemorrhage I should have concluded that the os was imperforate. I should mention, however, that all these examinations were made without introducing the whole *hand* into the vagina.

I gave another anodyne, and introduced a tampon, and the hemorrhage was now arrested. She then became quiet, and remained so until 11 A. M., next day, when the pains again kindled up, and hemorrhage came on as before. I now determined to ascertain the true nature of the case, if possible; I informed her that she must submit to a thorough examination; that she must endure the pain; that the case was rather an obscure one. She reluctantly consented, and after freely lubricating my hand, I passed it into the vagina. It soon came in contact with the uterus, which had descended below the brim of the pelvis; in the absence of pain, I pushed the protruding parts above the brim and searched for the os, which I with difficulty found lying against the left sacro-illiac symphysis, and at least three inches above the part which had been heretofore presenting to my finger. It was with some difficulty that I could restore it to its proper position, as it was in a thoroughly dilatable condition. I succeeded, however, in bringing it down by hooking my fore and middle fingers into it. After restoring it, I held it during a few pains until it was dilated sufficiently for the head to pass.

I had found the placenta *adherent* at least half way around its circumference, and, after bringing the os to its proper position, I endeavored to break up the adhesion with my finger, but I could not succeed; it was too strong for the little force I could exert; yet, as soon as the head engaged the flooding was arrested. The membranes being entire I ruptured them. The pains now recurred briskly, and, my hand being fatigued, I withdrew it, and concluded to trust the case a few minutes to nature; but hemorrhage soon recurred, and on introducing my hand I found that the os had *returned* to the left sacro-illiac junction. I brought it down a second time and held it there until the head was well engaged.

The second stage of labor was now soon terminated, and violent hemorrhage came on. I tied the cord as quickly as I could, separated the child from the mother, and then passed my hand into the uterus to detach the placenta, which I found firmly adhering to the cervix and body of the right side of the uterus. The adhesion was so strong that it was with great difficulty I could overcome it with my fingers, and in doing so the natural surface of the placenta was torn into several pieces. I made the dissection as fast as I could, as the blood was flowing rapidly. The uterus being in a relaxed condition, I had plenty of room for manipulation, and I suppose I was about five minutes performing the operation. As soon as the placenta was withdrawn, the uterus contracted rapidly and the hemorrhage ceased.

From this time my patient did well, and has recovered perfectly, though her convalescence was somewhat tardy.

Remarks.—I have been practising medicine during the last six years, and the foregoing is the first case of placenta prævia that I have met with: I have been doing a country practice, however, and have not seen as many cases of midwifery as some physicians living in large towns or cities. I have, in the course of my practice, met with four cases of adherent placenta, but never have I seen the organ so firmly attached to the uterus as in the present instance.

Another most interesting feature in this case, was the extreme obliquity of the os uteri. I confess I was puzzled as to its whereabouts, and I have learned a valuable lesson from my own experience. Had I not rectified the deviation, no one can calculate the injury that may have resulted to the woman, and I firmly believe that, if I had performed the manipulation soon after I first saw her, the labor might have terminated much sooner. It is well to have the fairest appreciation of the powers of nature, and to recollect that she is the best friend of the practitioner of medicine; yet there is such a thing as trusting her too far, or rather forgetting that she too is fallible, and looks often to the physician for assistance in her efforts to overcome difficulties.

REPORT OF THE TREATMENT OF CASES OF FAVUS, TINEA CAPITIS, OR SCALD-HEAD.

By Edward Jenner Coxe, M. D., Visiting Physician Charity Hospital, New Orleans.

In detailing the treatment pursued in these cases, it is not considered necessary to offer a description of the disease, and the various phases of treatment, and remedies proposed. Those desirous of full information on these points, can refer to the elaborate works of Wilson, Rayer, and others, on diseases of the skin. On the 27th of March, 1857, one of the Sisters of Charity brought to the wards under my charge, a fine looking, healthy boy, aged about seven years, for a long time afflicted with scaldhead, implicating the whole scalp. Informed by the Sister that he had been born in the house, and that almost from infancy he had been suffering from the disease, I was requested to endeavor to relieve him. I was told that he had been frequently under treatment, that at different times he would be much relieved, or almost cured, but that in a short time the disease would reappear. I commenced by ordering him to be kept altogether upon a nourishing farinaceous diet, and milk; to have the scalp thoroughly washed several times a day with Castile soap and water, the scalp well greased with sweet oil at night, and the hair gradually cut off. The following was directed to be given three times a day, in molasses or sugar or water: ℞—Flor. Sulphur, ℥i; Bi-Carb. Sod, ʒi; Magnesia Calc. ʒss.

These preliminary measures duly attended to for about a week, when all of the hair had been cut off, I brought into use the following ointment and mixture: ℞—Iod. Sulphur, ℈ij; Cerat simp, ℥iss; Ol Ricini, sufficient for a soft ointment, to be used freely three or four times a day; and ℞—Solut. Hydrarg Corros. Chlor, ℥i, gr.i to the oz.; Syr. Ipecacuan, ʒiv; Liq. Arsenici, Fowler's, ʒij; Syr. Sarsaparil. Comp., q. s. for eight ounces. Dose—two tea-spoonfuls three times a day.

It is not necessary to repeat the daily observations; suffice it to remark, that by a rigid pursuance of the above course for about three weeks, the head presented a perfectly healthy appearance. The new grown hair, though unaccompanied by any eruption, was every few days shaved off, to allow a fair opportunity for the regular washing and use of the ointment. Towards the conclusion of the case, the head was washed twice a day with strong salt and water, while the ointment was used only at night. Although the disease appeared to be overcome, I continued the diet and different remedial agents for several weeks; and thinking to make the cure, if possible, permanent, and prevent a new outbreak, I ordered the following wash several times a day:

℞—Hydrarg Chlor Corros	grs. iij.
Ammonia Mur	ʒi.
Sp. Vin Rect	ʒi.
Tr. Iodini	ʒss.
Aqua q. s. pro	℥viij. —M.

At the time of writing, the child has the appearance of perfect health, without the least symptom of the disease of the scalp; nor have I any apprehension of its return.

During the time that the preceding case was under treatment, a Sister of Charity of another ward, who had observed the progress in the boy, sent to my ward a stout, healthy looking girl, aged about eight years, who had been similarly affected for many years. In this case, the disease was of a more severe character, the hair much more matted, and the eyes considerably inflamed, from a disease at the roots of the eye-lashes. For some time it was necessary to apply nightly to the head a flaxseed meal poultice, previously rubbing the scalp with castor oil, before any attempt could be made to remove the hair. This, with frequent washing with Castile soap and water during the day, finally enabled the hair to be gradually cut off. Precisely the same course of remedies was pursued in this case, in the same order, and with precisely similar effects. The child is now well, and by continuing the same remedies and diet for a time, there appears no reason for apprehending a renewal of the old complaint. It may not be amiss to remark, that the disease of the eyes was perfectly cured by the use of a weak citrine ointment, aided, I doubt not, by the constitutional treatment.

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VALEDICTORY ADDRESS ON BEHALF OF THE FACULTY OF THE NEW ORLEANS SCHOOL OF MEDICINE, TO THE GRADUATING CLASS OF 1856 AND '57.

By Professor Anthony Peniston, M. D.

Gentlemen:—On this auspicious day, the Faculty of the New Orleans School of Medicine, have assembled here to welcome you, their first graduates, to the ranks of the Medical profession.

Welcome, then, to that noble fraternity, whose aim is the relief of human suffering; whose proud boast is to prolong a life too short and too fleeting; whose ambition is to extend the boundaries of their science, so profound in its teachings, so glorious in its results.

Yesterday our relation of master and pupil ceased — to-day you become our compeers, and in bestowing upon you the degree of Doctor of Medicine, we have the heartfelt satisfaction to know that you have deserved that honor, by your zeal, your industry and your learning. Let me, therefore, congratulate you upon having successfully gone through the trying ordeal of medical education. From the portals of this school you go forth on your sublime mission of mercy. Here, then, on the threshold of your career, it is meet that we should pause for a moment and contemplate the prospect which lies before you. I would that I were endowed with prophetic skill, that I might look forward through the dim vista of future years, and give you such counsel and warning as might enable you to avoid many a shoal or a sunken rock in your voyage of life; and yet, perhaps like Lochiel and the Cumberland Seer, you would spurn with disdain the sad tale, or refuse to follow the rough and toilsome journey which would ultimately lead to honor and distinction. If nursed in the lap of luxury, you have in your day-dreams pictured to yourselves a ready and easy harvest, devoid of care and anxiety, you should at once divest yourselves of this delusive fancy, and prepare to cope with the stern realities of life.

Look at the career of the most successful of our brethren—of those who having achieved for themselves honor and distinction while living, have also left their footprints on the sands of time. What were the essential elements of their success? That industry and indomitable energy, by means of which they were ever prepared for those difficult and trying emergencies which may make or mar your whole professional life. Hitherto your time has been occupied with the scientific part of medical observation, with those curious and entertaining studies which, revealing the mysteries of life, the secret of our organization, or the general principles of the healing art, may be pursued in the solitude of the closet, or within the walls of your alma mater. If, on the other hand, you have observed at the bedside the solemn lessons of dissolution and death, you were shielded from responsibility by the teachings of your masters. Henceforth you must assume this load of care, and be prepared to shoulder the blame, or reap the credit of your own acts. Many a time will you ransack memory's store to guide you in some complicated and obscure case, where the learning of the books will be of no avail. In these cases your medical tact must alone serve you, and that is only to be acquired by practice and observation. In fact, the preliminary part of medical education consists in that intellectual training, in that discipline of the mind, together with a certain education of the senses, which when combined are invaluable to those who possess them. Still, these are but the methods or the instruments which are confided to your hands, your professional skill, which is nothing else than the more or less successful application of these different elements, must be the result of experience and incessant study. In other words, medicine is both an art and a science; enriched by the labors of all preceding generations, it presents the accumulated wisdom of many centuries, and in its vass archives slumber the voluminous records of the past. Still the march of the science is onward, and, to keep pace with its steady progress, he who it true to his calling must devote to scientific investigations many of the intervals of his laborious pursuits. You must, therefore, incessantly enrich your mind from those plentiful materials which the combined energies of steam and printing are forever bringing to your hands; yet the most valuable part of your knowledge will be that which is acquired by your own experience: it is that which you can neither purchase from others nor transmit to your successors. All that we can teach you, therefore, is the way of learning, or the proper method of investigating and interpreting the phenomena of disease; hereafter you must read in the great book of nature, and interpret those events which are unceasingly presented to your mind, and not a day should roll over your heads without adding fresh materials to your accumulating wisdom and experience.

Thus it is that medical, like inductive truth, is the daughter of time, and not of authority. Different from mathematical axioms, its inductions are not the result of intuition! No process of abstract reasoning, no powers of intellect, can demonstrate, *a priori*, the simplest medical proposition. Ever changing in their Protean shapes, the different maladies required the most prolonged and close observation before they could be classified and subjected to any order or species. Of late years, the writings of the great masters have simplified and illustrated all the different branches of medical science, and the text-books of the student are master-pieces of genius and learning. Yet no method of illustration can dispense with anatomical, chemical and pharmaceutical knowledge. These can only be acquired in a practical manner, and the labors of the laboratory and dissecting room are as necessary as the bedside observation of disease. Any one must readily admit the necessity of preliminary studies in the medical profession; yet we see, every day, persons possessing not the slightest tincture of these different branches, venturing to discuss the fundamental rules of our science, or adopting the rankest heresies, from their inability to discover their fallacies and contradictions. Therefore it is that, from the remotest ages down to the present time, the misguided mind of man, ever prone to speculate and dogmatise, rather than study the interpretation of nature, has started theory after theory, system after system, which were the creations of his fancy, instead of the stern offspring of truth. Beware of these false, though fascinating theories, which, like so many *ignes fatui*, only allure to bewilder. Look at the past, and read there the inevitable doom of those systems which you may see flourishing around you. Meteor-like, they will dazzle for a day, and again disappear in the night of time. So that, by whatever name those creations of the imagination are brought forth—whether it be spiritualism, or halonnemanism, or magnetism—they are like the hosts of their predecessors, and

Shall be borne to that same ancient vault
Where all the kindred of the Capulets lie.

On the contrary, the science of true medicine, gaining strength from the attacks of its enemies, its stately proportions increasing in harmony from the crumbling ruins around it, must ever stand, immutable as adamant, eternal as truth!

"See where aloft its hoary forehead rears
The towering pride of twice a thousand years.
Far, far below the vast incumbent pile,
Sleeps the broad rock from Art's Ægean isle;
Its massive courses circling as they rise,
Swell from the waves and mingle with the skies;
There every quarry lends its marble spoil,
And clustering ages blend their common toil.
The Greek, the Roman reared its mighty walls,
The silent Arab arched its mystic halls.
In that fair niche, by countless billows laved,
Trace the deep lines that Sydenham engraved;
On yon broad front, that breasts the changing swell,
Mark where the ponderous sledge of Hunter fell;
By that square buttress look, where Louis stands,
The stone yet warm from his uplifted hand,
And say, O Science, shall thy life-blood freeze
When fluttering folly flaps on walls like these?

Much, however, as we may cherish and honor our noble profession, let us not claim for it greater credit than it justly deserves. Nothing, perhaps, has tended more to occasion the sneers of the ignorant and the indifference of society in general, than the empty boasts and idle claims of the whole tribe of empirics. Those men devoid of any learning or education in the art which they pretend to practise, put forth the most extravagant pretensions, which no human skill can realize, and thus bring shame and discredit on those true adepts, whose learning is only equalled by their modesty.

In ancient times, ours was called the divine art! And does it not still deserve that appellation? Yes! the skill of the physician can postpone the evil hour; aye! it can rescue from the jaws of the grim monster, and restore to life and health many who, but for the timely aid of our art, would be carried away in the midst of their usefulness. But should we be taunted, because we cannot always resist the deadly breath of pestilence, or avert the lingering, yet inevitable doom which is too often written on the cheek of youth, and talent, and beauty. Alas! man is mortal, and we can scarcely hope that our art will ever secure to him those three-score years and ten which are said to be his share of this earth's pilgrimage.

But let us suppose that we could lay down precise rules, the adoption of which would secure health and length of days beyond the ordinary term of human life, how few would follow the stern behest. Would not the voluptuary, in search of pleasure, the ambitious, in his dream of power, the miser, in his strife for gold, all, transgress the cold unbending law, and continue their eager devotion at the shrine of their idolatry?

We hear every day the Utopian wish, that, as our science progresses, we shall discover a specific for every disease. Dr. Rush pleased himself with the idea that some healing plant might be blossoming in our valleys, endowed with the property of curing consumption. As for my part, I have but feeble hope that any balm will ever be gathered from the green and flowering surface of the earth, or dug from its bosom, or distilled from the chemist's alembic, so sovereign or potent as to arrest the deposition of tubercle or the cancerous degeneration. I contend, moreover, that, save those dreaded scourges, like cholera, yellow fever, and a few others, which are the mysterious and overwhelming reactions of the medium in which we live, most of the other diseases are the consequences of abuse, intemperance, and other evil passions. Certainly, it would be a glorious achievement if we had a salve for every wound, a remedy for every disease; if we could restore to their pristine youth and strength those wasted energies spent in dissipation or self indulgence. But it might be questioned, after all, if such a result would not be in contravention to that wise law which a beneficent Creator has imposed upon our race, whereby our vices are made their own scourges. At all events, let not the science of medicine be reproached with inefficiency or blindness, when the cause of our impotence is in the constitution of Nature herself. It cannot, then, be gainsayed, that there are uncertainties in the medical profession. But these should not deter you from pursuing your career, any more than the storms which sweep over the face of the deep, prevent the mariner from trusting his life to the dark, tempestuous ocean! No! in the very difficulties which are thus incidental to the medical profession, you should only find that stimulus which, to an active and exalted intellect, is the best incentive to progress and perfection.

Let us now glance at the relative merits of the other learned professions, viz.: Law and Theology, which, together with Medicine, constitute the three great faculties which have ever been rivals in glory, honor and renown.

With the second of these, viz.: Theology, the science of medicine has many points of contact, many where they meet on equal ground. The Divine who seeks to unravel the mysteries of a future life, or prepare us for the dreaded unknown ordeal of the tomb, should learn both the physical and intellectual nature of that being, whose moral tutelage he assumes. When on the other hand, he would explain the nature of the soul, the connection between mind and matter, should he not examine the frail and perishable receptacle of the etherial and immortal spirit? Would he dread that from an examination of the cold and lifeless clay, his creed would be shaken, and materialism replace his belief in a future existence! No! in that beautiful adaptation of means to ends, so marvelous and sublime, he could only adore the great Creator of all things! In that heart which has ceased to beat, in that brain which no longer transmits the fleeting trains of thought, in all that machinery still so perfect and harmonious, there is only wanting the spark Divine which has fled to him who gave it!

On the part of the medical profession, it is our bounden duty to study and practise those precepts of wisdom which are inculcated from the Pulpit: The Physician, like the Minister, should consider his calling a holy one; his own character should be pure and spotless, so as to present all possible guarantees to those families who must introduce him within their most hallowed precincts.

It is not enough that the Physician should possess all the skill that ever adorned the most gifted of the sons of Esculapius; he should also have that moral influence which only belongs to the virtuous and the good. He must remember that in relieving the sufferings of the body, the mind has also its diseases, which re-act upon the former, and none can better offer advice and consolation than the medical man, who has so often seen the effects of those evil passions which harrow the soul and exhaust the body.

The Physician, who is the first to welcome the child to this eventful life, must also assist at those last, sad moments, when his skill is no longer of any avail, and there in the Chamber of death the Physician and the Minister, often meet in sad and solemn intercourse. Now let us draw a parallel between Law and Medicine! Here, too, there are grounds where these sciences touch each other. Medical Jurisprudence is the connecting link between Law and Medicine. It belongs, however, more exclusively to the latter: it has been built up by members of our profession: it can only be interpreted by them. The works of Orfila, Stille, Taylor and many others, are monuments of medical investigation, there you will find the precepts which will guide you, when before the Tribunals of Justice you must assist in the punishment of crime or the exculpation of innocence.

This is a fearful responsibility at times. Yet the scientific and accomplished Physician, armed with his infallible tests or guided by those precepts which are the result of observation and experience, may not shrink from the ordeal, but lend his skill and analytical powers to vindicate the majesty of the Law.

Apart, however, from this department of our profession, how different the career of the Physician and the Lawyer!

To the latter belong the brilliant efforts of the Forum, or the splendid achievements of the Bar, two great arenas which in our country have been adorned by those giants of intellect, the Clays, the Websters, the Prentiss', and hosts of other illustrious names. Unlike that of law the practice of medicine is not a stepping stone to political distinction. The labors of the Physician are confined to a different sphere: he must be satisfied with other joys and other triumphs. He must be resigned to spend his life unknown to fame, unless, perchance, he can write his name on the records of our profession as a Harvey, a Hunter or a Sydenham. The veil of private life conceals his useful labors and he is content when the cordial hand and moist eye of gratitude have repaid his toil and care.

Such is indeed, generally the sphere of the Physician's usefulness and honor. But, when Pestilence walks abroad through the land, when death spreads his wings on the blast, and sorrow and mourning are at every door, then the Physician, like the Angel of Mercy, interposes between the king of terrors and his drooping victim. How beautiful then is our mission! Unflinching before the dreaded scourge, whose breath is disease, whose presence is death, the true Physician with cool hand and collected mind ministers to the afflicted around him, inspiring hope by his very presence, and bringing relief if not cure to the fevered head, and parched lip of the sufferer. But too often he too becomes a fair mark for the destroyer's shafts and either sinks in glorious martyrdom, or carrying to his own home and fireside the seeds of disease, he may see drooping around him the fairest flowers of his household, those delicate tendrils which having entwined themselves around his very heart, were the joy of his manhood, the hope of his old age. But whatever be the trials or misfortunes that beset your path, you should

> "So live, that when the summons comes to join
> The innumerable caravan that moves
> To that mysterious realm, where each shall take
> His chamber in the silent halls of death,
> Thou go not like the quarry slave at night
> Scourged to his dungeon—but, sustained and soothed
> By an unfaltering trust approach thy grave
> Like one who wraps the drapery of his couch
> About him, and lies down to pleasant dreams."

Such, gentlemen, is the Medical profession; it is as ancient as man himself; it appeals to all the better qualities of our nature; it inculcates as an axiom benevolence and charity, and is hallowed by the example of Divinity himself!

Belonging hereafter to this glorious and time-honored fraternity, you must sustain the honor and credit which appertain to so important a trust.

And now, gentlemen, we must take our leave. You must return to your homes and your families, and enter upon the duties which shall henceforth devolve upon you! You are impatient for the journey, you are eager for the task! A few more words and I have done!

You are the eldest born of the New Orleans School of Medicine, and as such we shall never forget that you were the first to welcome our humble labors in the cause of medical education: we cannot forget that when clouds had gathered around us, and the horizon grew dark and gloomy, you stood firm and unflinching by our side, until our bark had cleared the breakers!

We part with you then, to-day, as with tried and faithful friends; and if you are as true to yourselves and to your calling as you were true to your Professors, you cannot fail to earn for yourselves, both honor and distinction.

But whatever be your fortune in life's chequered way, remember that you leave behind you those who will ever cherish your recollection as a bright spot in memory's store. With our best wishes for your happiness and prosperity, I bid you farewell!

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SPECIAL SELECTIONS.

ON THE MEASLE OF THE PIG; AND ON THE WHOLESOMENESS, AS FOOD FOR MAN, OF MEASLY PORK.

By Alexander Fleming, M. D., Professor of Materia Medica, Queen's University, Ireland.

The following Report was furnished to the Committee of the provision merchants of Cork, who applied to me for information on the subject to which it refers, in January, 1856. Stated briefly, the questions submitted by the Committee were:—1. What is the nature and origin of measle in the pig? 2. Are all pigs measly? 3. Can pork be measly, and that condition be invisible to the naked eye? 4. Is there any analogy between measles in the pig, and the disease known by that name in man? 5. Is fresh measly pork wholesome? 6. Is cured measly pork wholesome? 7. What is the chemical composition of the measle?*

Twenty-one specimens were supplied to us, viz.:

Seven of fresh healthy pork, from different parts of different pigs: six of fresh pork, slightly measled; seven of fresh pork, badly measled; one of cured pork, badly measled.

"The measle of the pig is an animal parasite, the *Cysticercus cellulosæ*, or bladder flesh-worm. It infests the muscles of all parts of the body, but is found most frequently in those of the tongue, loin, and neck, and is often seen in the muscular substance of the heart, lying between the fibres of the muscle. It is seen as an ovoid bladder, from two to four lines in length, formed by a thin, transparent membrane, and enclosing at one extremity an opaque body, of a white color. This is the worm coiled up, but which, when unfolded, exhibits a head, neck, and pear-shaped vesicular tail. The head is armed by a crown of barbed hooklets, around which are placed four sucking mouths, and the neck is formed of a series of rings, which gradually lose themselves posteriorly on the dilated and bladder-like tail. In the interior of the worm are a number of microscopic corpuscles. The average diameter of these bodies is 1-1500th of an inch, and their usual form that of a flattened, circular disc; but they vary both in form and size.* During the life of the pig, the bladder enclosing the worm is fully distended with a pellucid fluid, but after the pig's death, a portion or all, of the contained fluid escapes into the surrounding tissues.

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* I was requested to associate with me in this inquiry my colleagues in the Chairs of Natural History and of Agriculture, and the Report in the text was prepared by me to embody the joint results of our investigations. It was signed by me and Professor Smith. Mr. Murphy sent in a separate Report, but his views are substantially the same. Drawings of the Cysticercus, and of its several parts, referred to in our Report, are given by Professor Smith in the Microscopical Journal for January, 1857. See also, Huxley's Lecture on the *Tæniadæ*, in Medical Times for August, 1856; and the Brit. and For. Med.-Chir. Rev. for January, 1857.

"In the specimen of cured pork sent to us, the bladders were empty of fluid, and the microscopic corpuscles in the body of the worm presented a central granular opacity, instead of being clear and transparent, as in the fresh specimens. *We believe that the life of the parasite is destroyed by the process of curing.*

"It is now maintained by several eminent physiologists, that this fleshworm is the *scolex* or imperfect condition of the tapeworm or *Tœnia solium,* and that, when passed alive into the intestinal canal of man and other mammalia, it assumes there a higher degree of development, and becomes a tapeworm—a troublesome parasite—often causing distressing symptoms, and impairing the health. The organization of the fleshworm, as now deecribed, goes far to establish this opinion, if, indeed, it be not already placed beyond doubt by the results of experiments in which it was shown that dogs fed on fresh measly pork became affected with tapeworm. With us the parasite is killed by cooking, but where the flesh is eaten raw, as in Abyssinia, tapeworm is very common.

"*All pork is not measly.*—In the specimens of healthy pork we found no trace whatever of the parasite in any stage of development.

"In the specimens of both slight and badly measled pork submitted to us, the worms were all visible to the naked eye. All appeared to have reached the same degree of organic growth, and in none of the specimens, healthy or otherwise, could we find eggs or the slightest trace of the parasite in an earlier stage of development.

"This parasite has been found in the muscle, brain and eye of man; but *there is no analogy whatever between measles in the pig, and the disease known by that name in man.*

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* These cellules were erroneously regarded as eggs by Klencke and Gulliver.

"It is highly probable, if not quite established, that measles originate in the eggs of the tapeworm which infests the bowels of the dog. Each mature joint of the last parasite contains many thousand eggs. These, when voided by the dog, are resolved into a fine dust, and are scattered by the wind, and thus, mixing with the food or drink of the pig, enter its body, and are there converted into the measle or fleshworm, which, as already stated, is an imperfect condition of the tapeworm. Measles may not form in every hog that has swallowed tapeworm eggs; while a feeble digestion and constitutional debility may especially favor their hatching in some pigs.

"If this view of the origin of measles be correct, it will be an important and rational guide to the prevention of the disease, and which will consist *in providing the pig with thoroughly clean food and drink, promoting its general health, and removing it from the neighborhood of dogs affected with tapeworm.*

"When only a few of the parasites are scattered in the body of the pig, the flesh does not differ from that of healthy pork in its ordinary characters or minute structure, and the general health of the pig is not affected. When used as food, it must be so rare that the vitality of the worm can escape cooking, mastication and digestion, that we believe the risk of tapeworm from its employment to be very small; and, on the whole, *we see no valid reason for regarding slightly measled pork as unwholesome;* but it must be well cooked, and never eaten raw nor undone.*

"On the other hand, when the parasite is thickly distributed throughout the muscle, the flesh is pale, soft and watery, and the muscular fibre near the worm loses its healthy structure, and exhibits evidence of the condition known to pathologists as fatty degeneration. The health of the pig is much impaired, and in the worse forms of the affection we may have inflammation and suppuration in one or more parts of the body, with general fever, wasting, and weakness. The pig is seldom permitted to see this stage, and almost never to survive it.

"When the disease proves fatal, according to Mr. Martin, the animal loses appetite, blisters form under the swollen tongue, the skin ulcerates, and death occurs amidst extreme debility and emaciation.†

"Badly measled pork is insipid when cooked, and in boiling loses more weight than healthy pork. It is more difficult to dry, and exhibits greater proneness to putrescence;* while, respecting its use as food, we must not forget the possibility of its causing tapeworm, nor the risk of some portion of the animal having undergone during life changes of a truly morbid nature, as inflammation and suppuration. Taking account of all these circumstances, we cannot regard bad measly pork, fresh or cured, as wholesome food for man.

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* The process of curing is fatal to the parasite, and removes all risk of tapeworm.

† Farmer's Library, vol. ii. p. 491.

"This opinion may be assailed on the ground that bad measly pork is consumed to a large extent, and that no hurtful effects have been traced to its employment. But we cannot trust to common experience in a question of this nature. Putting aside the ordinary sources of fallacy, the poor consumer of such meat is rarely capable of tracing the relation of cause and effect between bad food and its evil consequences. He would conclude meat to be wholesome which failed to produce some striking bad symptoms soon after a meal, and would be unable to refer to its true cause the injurious influence, slowly and silently, but not less certainly, wrought upon his system by the long continued use of an unwholesome article of diet.

"Chemical analysis could not aid much in this inquiry, but, were it otherwise, the time allowed us did not permit of its employment."

The measle in the hog is more observed in Cork than elsewhere in these islands. This is in part due to its being more carefully sought for; but chiefly to its greater frequency, caused, I apprehend, by inattention to the cleanliness of the pig's food and drink, and by the circumstance of its being reared in the peasant's cabin, where it has very generally a dog (untaxed in Ireland) for a companion. This dog, for the most part, has tapeworm. Nor must we forget the influence of our low marshy grounds and warm humid climate, in favoring the production of parasites, and especially of worms. These conditions may induce a state of constitution in the pig favorable to the reception of the parasite, and we can readily understand that a warm and moist air should favor the incubation of the tapeworm egg and development of the young tænia outside the body.

I am informed that in Cincinnati, the largest pork market in the States, the measle is unknown. If this be the fact it would be interesting to know whether the pigs brought to that city, and which are fed chiefly in the forests of Ohio, Kentucky, and West Virginia, are kept apart from dogs having tapeworm. Perhaps some of our American readers could inform us on this point. Dr. Wood, of Philadelphia, says that tapeworm is comparatively rare in the natives of the Union.

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* These facts were determined by repeated comparative observations with healthy pork.

The researches of Küchenmeister, Röll, Leuckart, Von Siebold, and Van Beneden, leave no doubt of the connexion between the cystic and cestoid entozoa. Experiment shows that the meazle is generated in the muscle of the pig by feeding it with ripe joints of the dog's tapeworm (the *Tœnia serrata*, now considered to be the same as the *Tœnia solium*, or human tapeworm), and that the same tapeworm is developed in the intestines of a dog fed with fresh measly pork. The measle is not generated in the dog by feeding it with the tapeworm eggs.

Leuckart has traced in the rabbit the passage of the embryo tapeworm into the blood vessels. The eggs are quickly hatched in the stomach, and the young tæniæ bore their way with their lancet-armed heads through the mucous membrane, into a blood vessel. With the blood they are carried in the rabbit to the liver, to be there arrested and developed into hydatids or Cysticerci. In the lamb, the young tæniæ are carried with the blood to the brain, where they fix and grow into the cystic parasite named *Cœnurus cerebralis*, and within two weeks of the commencement of the experiment the lamb is affected with the "staggers."

The cystic entozoa or hydatids do not form a separate class of parasites, but are merely the cestoid entozoa or intestinal worms in an imperfect state. Each species of tapeworm has its corresponding cystworm, but the same embryo tapeworm may produce two or three forms of hydatid, according to the species of animal and part of the body in which it may chance—or rather, I should say, mischance—to be developed, for the hydatid is essentially abnormal both in form and site, and these entozoa obtain their perfect growth only in the intestinal canal—their proper dwelling-place. The young tapeworm, swimming in the blood, is fixed probably by getting into a capillary too small for its passage; and the reason of its being arrested by preference in the muscle of the pig, brain of the sheep, and the liver of the rabbit, may perhaps be found in the relatively small size of their capillaries.

As the egg of the same tapeworm develops both the measle in the pig and the staggers in the sheep, the means of prevention suggested in the Report, for the former disease, will apply equally to the latter.* In addition to the means of prevention there mentioned, it might be well to reduce the number of dogs in the country, and to diminish the frequency of tapeworm among them by not feeding the healthy with raw flesh, and by the vigorous treatment of the diseased. The excrement of dogs should not be mixed with the manure for pasture fields.

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* According to Küchenmeister, the hydatid of the sheep's brain, causing staggers, is produced from the embryo of a peculiar tapeworm, named *Tœnia cœnurus*, also found in the bowels of the dog.

There is more hope of preventing measles than of their cure. I made many inquiries as to the treatment of the disease, but without obtaining information of much value. The farmers generally are skeptical as to cures being ever obtained, but a few have faith in treatment; and, of the several remedies employed, the internal use of sulphur is most relied on. Two or three cases were mentioned to me by trustworthy persons, in which cures appeared to have been made by this drug. It is probably converted in the pig's body into sulphurous acid, and poisons the measle. This acid is a most efficient parasite-killer. Alcohol, iodine, camphor, turpentine, and nitrate of silver, are actively poisonous to the cystic parasites, and their internal use may be tried.

In Cork the pig is examined for measle by official persons, both in the living and the dead markets. The parasite shows itself at a very early stage of the disease in the tongue, and this organ is inspected in the living market. The pig is placed on its side and the mouth opened. The tongue is then drawn forward and pressed firmly between the fingers in its whole length. The measle, if present, is felt by the finger, and withdrawn through a scratch in the mucous membrane. If none are felt, the pig is passed as healthy. This test is the best known, and is very useful, but the worm may be absent from the tongue and present elsewhere in the body; and a more certain means of detecting the disease in the living animal is to be desired.

In the wholesale dead market, the inspection is made by making a free cut lengthways into the inner loin muscle at the side of the spine, and by cutting across the neck. And, should the purchaser desire it, cuts are made into the flesh elsewhere, as the back of the neck and shoulder. If one measle only is found, the price is lowered 5s. per cwt., and if more are seen, a larger reduction is made, varying in amount according to the number. The worse forms are not sold in this market.

The origin of tapeworm in man from the measle was rendered probable by the greater frequency of the disease among the consumers of raw flesh, and particularly of raw pork, as the Abyssinians, the natives of Nordhausen, and the operatives of Lancashire; but Küchenmeister has given a high degree of certainty to the connection by experiment. He fed a condemned person with measles, and found tapeworms in his body after execution. The parasites were given during the three days before death, in five doses of about a dozen each time, disguised in soup. Ten young tapeworms were found in the intestinal canal, attached to the mucous membrane in the usual way.

The process of *curing* destroys, as we have shown, the vitality of the parasite, and to this circumstance the immunity from tapeworm, enjoyed by the inhabitants of Cork, must be attributed. The poor of this city, among whom tapeworm is very rare, undoubtedly consume a large quantity of measly pork, but always salted. The freedom of seamen in the navy from tapeworm admits of the same explanation. Much of the pork formerly used in the navy was measly, but it was well cured. At the present time, the naval contracts are inspected with care, and measly pork is rejected.*

The use of raw, measly flesh, cannot, however, be the only source of tapeworm in man. This parasite occurs among the very poor, who scarcely eat flesh of any kind, and it plagues the Hindoo, who lives almost exclusively on rice. It may, perhaps, originate from the direct introduction of the tapeworm eggs or young tæniæ with the food or drink into the stomach. Klencke, many years ago, asserted that he had found microscopic young tæniæ in ditch-water, and the frequency of tapeworm in Vienna has been attributed to the water of that city, in which young tapeworms have been detected.

Why, when thus introduced into the stomach of man, the dog, pig and sheep, respectively, they should cause tapeworm in the first and second, and pass into the blood of the third and fourth to grow cyst-worms, may be explained by supposing that in the carnivor's stomach the mucous membrane is tougher, or that the young tæniæ are dissolved by the strong, acid, gastric juice, except on rare occasions, when they slip alive into the intestines to grow tapeworms; while in the herbivorous* stomach, where the food lies long, they escape digestion, the gastric fluid acting feebly on animal matter, and, piercing the softer mucous coat, make their way into the circulation.

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* While engaged in this inquiry, my friend, Dr. John Burns, of H. M. S. Hastings, communicated with several of his brother medical officers to learn their experience of the use of measly pork in the navy. Tapeworm had not been traced to its employment. During the summer of 1855, Dr. Burns states that the provisions issued were uniformly of good quality.

* Cysticerci infest the flesh of several vegetable feeders, as the ox, deer, sheep, hare, rabbit and mouse.

These remarks have brought me to difficult, and as yet obscure ground, and, in truth, although great progress has been made of late years in our knowledge of intestinal worms, much remains to be done as well for their natural history as for those important questions in hygiene and pathology to which they give rise, before we can attain to clear views and definite conclusions.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

Death following the Inhalation of Chloroform in Surgical Operations.—Mr. T. Holmes has published (British Medical Journal, Jan. 24, 1857) a table of deaths under the influence of chloroform, in the years 1853, 4, 5, which, with the table published in the Association Medical Journal for 1853, p. 131, contain the records of fifty deaths under chloroform, occurring during the eight years 1848 to 1855, inclusive. In thirty-nine of these *post-mortem* examinations were made; in the great majority the chloroform was given by qualified medical men.

The following summary of these tables is given (British Medical Journal, Feb. 21, 1857) by Mr. Holmes :—

“1. *Sex.*—This is noted in 44 cases; 21 were males, 23 females.

“2. *Age.*—All were persons in the middle period of life; no children; and only one man above the age of 60.

“3. Most of the operations were of a comparatively trifling character.

“4. The chloroform was given on a handkerchief, cloth, towel, or piece of lint, in 27 cases; on a sponge in 4; on an inhaler or other apparatus (not described) in 8; on Dr. Snow's inhaler in 3. In 8 cases the apparatus is not specified.

“5. The quantity used was ʒj and under in 13 cases; ʒij and under in 12; ʒij to ℥ss in 3; a larger quantity in 8; not specified, 14.

“6. The time is noted in 32 cases; 2 minutes and under in 15 cases; 2 to 5 minutes in 6 cases; 5 to 10 minutes in 6 cases; above 10 minutes in five cases (in one of them, 40 minutes).

“The symptoms are intelligibly described in 36 cases.

“In 19 there was no previous struggle; in all of these, except one, the pulse ceased before or at the same time with the inspiration.

In 17 there was previous struggle; in 4 of these lividity and failure of respiration was next noticed; in 13, failure of the pulse, or of the bleeding from the wound, generally preceded by pallor.

"8. Of 33 cases in which *post-mortem* examinations were made—

"*a.* Eight, viz., Nos. 15, 22, 31, 32, 34, 42, 46, 50, showed an appreciable morbid appearances, *i. e.* referrible to chloroform; for one (No. 34) is said to have presented extravasation of blood in the spinal canal.

"*b.* The *heart* is reported *soft* or *flaccid* in 10 cases, Nos. 3, 9, 16, 19, 20, 23, 24, 27, 30, 46; *fatty* in 9, Nos. 26, 29, 33,* 35, 36, 37, 38,* 41, 45. The cases marked thus * were two of the oldest patients in the list, and the morbid appearance seems not to have exceeded the traces of fatty degeneration usually found at that period of life. The heart was *flaccid* and *empty* in 7 cases, Nos. 2, 5, 8, 9, 10, 14, 48; *full* in 1, No. 1.

"The blood was usually fluid; air was found in it in 3 cases, Nos. 2, 5, 24.

"*c.* The *lungs* were congested in 14 cases, Nos. 1, 2, 5, 8, 9, 10, 16, 19, 20, 23, 28, 45, 46, 50.

"*d.* The *brain* was congested in 7 cases, Nos. 1, 14, 16, 20, 23, 28, 44.

"*e.* *Other viscera* were congested in 6 cases, Nos. 1, 10, 16, 20, 24, 30.

"*f.* There was organic disease in 4 cases besides that of the heart, viz., aneurism, No. 39; phthisis, No. 3; atheromatous arteries, Nos. 33, 38. The latter had also granular degeneration of the kidneys. It will be observed that the latter two had also fatty degeneration of the heart, but to a slight extent.

"In considering the results of the tables of which a summary is here given, there is one thing which must, I think, attract the attention of every reader; I mean the fact that no child or any old person died from the administration of chloroform. This is a forcible confirmation of the view which I was endeavoring to enforce in my previous communication, viz., that most of the fatal accidents from chloroform have arisen from some imperfection in the method of its administration, and are not to be regarded as unavoidable results of its continued use, when that method shall have become better understood and more carefully followed. Otherwise, what cause can be given for the exemption which children have enjoyed? Chloroform is given even more frequently to children than to adults, as the intractability of the former renders its use necessary or expedient in many minor operations (such as passing sounds, exploring diseased parts, etc.,) where it is not employed in the latter. Children, again, are affected by a less quantity of chloroform than adults, and are generally more exposed to the influence of narcotics; so that, on all accounts, we should have expected a more than proportionate mortality among them; instead of which, no case is found reported in eight years. I can hardly imagine any cause for this, except that which is found in the fact that every one is aware of the facility with which children are narcotized, the danger of an overdose, and consequently the necessity of caution; and it is not an unfair inference that, if this caution were more generally exercised, the number of deaths would be much reduced. The same observations apply to the other extreme of life. At any rate, we may say that our present experience negatives the doctrine which has been sometimes propounded, that the extremes of age are contraindications to the use of chloroform.

"Among other contraindications which have been mentioned, the one most frequently admitted is disease of the heart, especially fatty degeneration. I think our tables will show that, at any rate, too much stress has been laid upon this point.* We may at once admit that extensive disease of the heart, or of any other important organ, contraindicates surgical operations, either with or without chloroform; in fact, contraindicates any thing which by its reputed danger may alarm, or even by its novelty unduly excite, the patient. Unfortunately, however, operations are sometimes necessary on such subjects, and then only a choice of evils remain. The statistics, however, only show† nine cases, out of thirty-nine examined after death, in which a fatty condition of the heart is asserted to have been observed; and in two of these it seems quite evident that it was not more than the trace of degeneration almost always found at that age (an age, be it observed, in which chloroform is safely given every day); and in only one is it stated that the disease was extensive. The evidence, therefore, that the fatty degeneration which was found in this small minority stood in the relation of cause to the fatal result, is very deficient. The common sense view of the matter would appear to be, not to incur the risk of giving chloroform to a person evidently the subject of extensive disease (fatty or otherwise) of the heart, unless the severity of the operation, or the fear entertained of it, should threaten an even more dangerous shock to the system; and, in the latter case, to watch its administration carefully, stopping just beyond the point where reflex motions are abolished.

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* The observations here made with respect to fatty disease of the heart, apply also to valvular lesion and other morbid states of that organ. It will be noticed that no such cases are reported in thiss table.

† I have no doubt that, in some of the cases in which the heart is reported soft or flabby, microscopic examination would have shown traces of fatty degeneration.

"Again, disease of the lungs is mentioned as a contraindication; but there is little evidence on the point, and that little does not give much support to such an opinion. In a case of fracture of the spine in the cervical region (where all the muscles of respiration, except the diaphragm, would be paralyzed, and where, as the fracture had existed for many days, the lungs would be much congested), Mr. Jones of Jersey, submitted the patient to the full influence of chloroform during the space of half an hour or more, without any detriment. (*V. Medical Times and Gazette,* 1856, vol. ii.)

"Still less reason have we for regarding disease of the brain as an absolute contraindication. In functional disease of this organ (delirium tremens, epilepsy, etc.,) chloroform is known to exercise a highly beneficial influence; and I have seen it administered with safety in a case of extensive fracture of the skull and laceration of the brain, during an operation which would otherwise have been difficult from the patient's restlessness. We should not forget, however, that in most of the cases where post-mortem examinations have been made, the prominent morbid appearance has been congestion; and that, therefore, all diseases or morbid states of the system which predispose to congestion are so far contraindications to the use of chloroform. The most usual, as well as the most dangerous of these conditions, is that which accompanies habitual intemperance. It will be seen that many of the patients whose deaths are recorded in the above table were known to have been persons of intemperate or otherwise dissolute habits; and I have no doubt that if more accurate information were attainable, we should find this to have been the case in a much larger proportion.

"Does chloroform exercise any secondary effect unfavorable to the healing of wounds? This is a question asked by no less an authority than the College of Surgeons, in their last examination for the Fellowship, and it is a point which has been mooted elsewhere. It is a matter of considerable interest, and one which well deserves attention and dispassionate investigation. I must confess that I have watched many hundreds—I may say thousands—of cases of wounds made under the influence of chloroform, without seeing any proof of such effect; and, further, I have questioned many men of large experience in operative surgery, without meeting with any person who has observed this supposed secondary action. Nor does it seem, *à priori*, probable that a single dose, however strong, of so volatile a substance as chloroform, should permanently modify the healing process, while all other effects of its administration are allowed to be transitory. As to its other subsequent effects, every one knows that it frequently produces sickness. This effect, however, is much less common when it is given in the way above described, than when administered without precaution, and therefore irregularly and in unnecessarily large doses.* Sometimes, also, alarming fainting fits follow its administration. The cases of this nature which I have seen have occurred to weakly females; but I have heard of a similar instance in private practice, in the case of a well-known member of Parliament, a man of considerable mental and physical vigor. I have never heard of a fatal termination to these fits, nor of any subsequent ill consequences.

"It being admitted, then, that chloroform is in some degree dangerous to life; that it has an irritating effect on the stomach; that it sometimes causes severe nervous symptoms, especially in hysterical females; and that, in persons disposed to congestion of the brain, it increases that tendency to an extent which is often at least unpleasant, if not alarming—we have next to inquire what is the value of the means which it has been proposed to substitute for it. The undoubted superiority of chloroform to sulphuric ether may be considered established by the fact of its having so rapidly and so entirely superseded that drug. The question of the value of amylene as an anæsthetic is one which can hardly be answered confidently without more information than our present experience supplies us with.

As to the congestion induced by chloroform, which is, in my opinion, the principal drawback for its use, I cannot say that, in the cases which I have seen of the administration of amylene, I have observed much improvement in that respect. Many of the patients have shown even more lividity of the face and more struggling than is usual under chloroform. The number of those who suffer from sickness is indeed, as it appears, less when amelyne is used. Out of sixty-two patients, only two had suffered from sickness, and that only of a trifling character. The recovery is undoubtedly more speedy; but it may well be qustioned whether that is an unmixed advantage; and the action of the drug in producing anæsthesia cannot always be depended on. Among the small number of cases as yet submitted to its action, I have heard of several in whom no anæsthetic effect has been produced. This, however, might have been from the inefficiency of the apparatus; for I believe that without a properly contrived inhaler, whereby a sufficiently powerful mixture of the vapor and the atmospheric air is induced, this failure will be constant. On the whole, I am inclined to suspect that chloroform will hold its ground against the newly introduced agent, the peculiar odour of which will alone prove a powerful obstacle to its introduction into private practice. The local application of freezing mixtures, as recommended by Dr. Arnott, is the only substitute that I know of for chloroform to which no sound objections have been hitherto made; but this is only applicable in superficial operations, and has certainly the drawback that, as it leaves the patient perfectly conscious of all the preparations for the procedure which he dreads, nervous people suffer under its use nearly all the terror which they would without an anæsthetic; and this terror is perhaps the most painful part of these trifling operations. I cannot help thinking that the limited extent to which a method so easy, so free from danger, and so confessedly effective in these minor operations, has been adopted, is a proof that the profession at large have come to a different conclusion as to the dangers of the plan it was intended to supersede, from that adopted by its ingenious author.

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* At St. George's Hospital, the average quantity for the ordinarily severe operations is ʒij, and for others a less quantity. I have noted amputations of the thigh and arm, in lads about the age of puberty, done (and without hurry) with the expenditure of only ℥j of chloroform. I speak of course, of the quantity expended. Far less than this passes into the blood.

"I must now bring these observations to a close. My object in them has been to show what the mortality after chloroform has really been, and to inquire whether the results of post-mortem examination have given us any clue for assigning it to its efficient cause. In reference to these two points, I believe the facts before us show—

"1. That the reported mortality in the British Islands has been less than six *per annum*; that a great number of these cases occurred in private practice; and that, as many of them were disclosed by coroners' inquests, it seems probable that we do really hear of most of the fatal cases which occur in the United Kingdom.

"2. That the post-mortem appearances have not been sufficient to indicate any uniform cause of death; that the importance ascribed usually to fatty degeneration of the heart is greater than experience would warrant; that, from the number of cases of persons previously in perfect health, and the rapidity with which death was produced, there is a strong presumption that the result was due to imperfect methods of administration, or carelessness on the part of the administrator. Further, from the experience of hospitals in which a rational method has been adopted and due caution exercised, we are justified in believing that chloroform is as safe in its action as any drug which produces narcotism by mixing with the circulating blood can in the nature of things be expected to be."—*Amer. Jour. of the Medical Sciences.*

EDITORIAL AND MISCELLANEOUS.

MEDICAL SECTIONALISM.—The February number of the Monthly Stethoscope and Medical Reporter contains an article under the head of "Medical Sectionalism," which, while it contains some very good and wholesome ideas, gives expression to opinions which are certainly erroneous, if not even bordering on the absurd.

The Stethoscope is "down upon" the "*fast cramming*" system (the four months system) pursued by nearly all the Medical Schools in our country. So far, so good; but the Stethoscope would remedy this admitted evil by establishing a "National Medical University," with proper terms, at which all medical students should congregate; and it predicts the sure success of such a concern. Only think, reader, of a great "National Medical University," with between *three and four thousand* students in attendance on the lectures at one time! Think of a building large enough to hold them, and every eye and every ear furnished with facilities for seeing and hearing all that must be seen and heard by the student of medicine! And then think of a Hospital large enough (even in the largest city in the Union) to admit this mammoth class daily into its wards! And think of the *grand dissecting room,* with five or six hundred tables, and the host of demonstrators and resurrectionists, etc., etc.! And, lastly, think of the amount of "material" which would be required to furnish this dissecting room! Where would the "material" come from? Echo answers, where!

Are we not warranted in pronouncing any such scheme strictly absurd? Why, Philadelphia finds it difficult to supply "material" for twelve hundred students, (we have tried it, and we have a right to express the opinion,) and what would she do with three or four thousand?

But the Stethoscope scorns "Medical Sectionalism," and, although living in Richmond, in its laudable anxiety to see the system of Medical teaching improved, it would have this stupendous "National Medical University" located in New York or Philadelphia; and it would have all Southern students of medicine flock thither. Of course it spurns the charge which was once made against it—that it is "a Southern journal with Northern principles,"—and adduces another very cogent reason why this "University" should be located as above. It says: "We of the South—an agricultural people—have no great cities for such an institution. Heaven save us from the affliction of such 'sores of the body politic.'"

Well done for little Richmond! Is it not a pity that men who undertake to express opinions on important subjects do not first inform themselves to a reasonable extent? The city of Charleston educates annually about two hundred medical gentlemen, and she has ample facilities for more. The city of Augusta does the same. New Orleans has accommodated three hundred students during the past winter, and she can furnish ample facilities to one thousand or more. Yet, all this is to be ignored, in order that the great "National Medical—Absurdity" shall be established in New York or Philadelphia. If the Stethoscope will pay us a visit, we will show them a "sore of the body politic," (our great Charity Hospital,) with all the concomitant facilities, which will force them to admit that they have erred most egregiously on this latter subject. We were educated at the North, we walked the Hospitals of New York and Philadelphia, and we worked in the dissecting rooms of the latter city, but we must say, without prejudice, that New Orleans equals them, at least, in all that is required as above.

The Stethoscope ridicules the idea of the expediency of educating physicians who are to practice in the South at Southern Medical Schools, and says: "We know that the thoroughly educated medical man can adapt himself to the diseases of different latitudes with as much facility as he can his wearing apparel." Well, there is no use in arguing such a point with men whom we have already proven to have never been further South than Richmond. With all due deference for the Stethoscope's general fund of information, we feel entirely warranted in saying that they are only theorizing on this important subject.

However, the question is settled by Southern students themselves. Every year they are staying at home and patronizing Southern Medical

Schools to a greater extent. In spite of all the disinterested (!) croaking about "Medical Sectionalism," and the wonderful inducements held out by schools abroad, we say now and forever, that it is the "manifest destiny" of the South to become each year more and more independent in all that relates to educating her youth, from the lisping of their A B C's to the reception of the diploma. We entertain no hostile feelings against Northern Medical Schools, nor do we desire to "draw" their students to our Schools. All we contend for is, that we have the means of educating our own students at home, and we think we have a right to claim their patronage. How different would be the tone of these disinterested croakers if the Southern Schools *were* drawing Northern students to their lectures! Then would we have a fair illustration of the old story of your bull and my ox.

CASE OF COMPLEX LABOR—*The Sacramento Doctors—Letter from Prof. C. D. Meigs, on the subject of Laceration in Labor.*—Our readers will perceive that we write editorials on any and all medical topics which present themselves. We conceive it to be the duty of the editor to do something more than affix his name to the back of his Journal, acknowledge the receipt of "books and pamphlets," and bow to his patrons at the beginning and end of each volume. The editor who works for his patrons, must cull from the vast array of "exchanges" such matter as seems fraught with the highest degree of interest; and in passing all these in review, there are numerous suggestive themes ever presenting themselves for his consideration. The only trouble is to know where to begin, and where to end.

In our February Number, we indulged in rather a lengthened review of some of the proceedings of our brethren in Sacramento, California; we were under the honest conviction that three of the Sacramento Doctors had wandered far from the ordinary routine of etiquette which governs medical gentlemen, everywhere, and we did not measure our terms of condemnation of their course towards a young professional brother. The whole course of these three individuals had an air of persecution about it, which was anything but creditable to them.

We are now in receipt of a pamphlet entitled "Case of Complex Labor, with remarks, etc.; reported by Gustavus L. Simmons, M. D., Member of the Massachusetts Medical Society." Dr. Simmons is the young gentleman who attended the unfortunate case of midwifery, and the subject against whom was directed the disgraceful attack of Drs. Blake, Morse and Morton. All who feel an interest in the matter, will be entirely satisfied of the innocence of Dr. Simmons. His statement of the case stands fully fortified by the evidence of the medical gentlemen who attended the case with him, as well as by the report of the committee who were appointed to investigate matters. But he was not satisfied with all this, and still further strengthens his position by appending a letter from Prof. Meigs, of Philadelphia, which, in itself, completely exonerates him from the charge the three above-named doctors have endeavored to fix on him, viz: that he, Dr. Simmons, inflicted the injury, from the effects of which the patient died. Moreover, this letter of Prof. Meigs, fully sustains us in the position we assumed, that Dr. Simmons did not inflict the injury, because "we do not believe that an accoucheur could possibly inflict such an injury on a woman, after the extrusion of the child, without causing her such suffering as would induce the loudest complaints, and make the act on his part palpable to all in attendance :"

REPLY OF PROFESSOR MEIGS.

Philadelphia, December 3, 1856.

Dear Sir:—Your esteemed favor of Nov. 4th was duly received here on the 30th. After a careful perusal of the letter I feel at liberty to say, that I do not perceive anything extraordinary in the case of laceration in labor, except the circumstance that the child was expelled *per vias naturales,* instead of being driven into the peritoneal cavity. What surprises me is the fact that the rupture (three fingers' breadth) did not become greater, so as to admit the escape of the fetus into the cavity of the belly; for one would think it easier to enlarge the rent, than to dilate the vagina and expand the perineum.

Before I had read the whole first page of your letter, I conceived that you were about to describe a case of laceration, and I now suppose that the peculiar state of the pulse, etc., etc., must have been due to losses of blood, rather than to constitutional shock from the rupture. I make this remark to show how I cannot suppose the laceration to have been made subsequently to the expulsion of the fetus—and of course, my belief that the unfortunate lady ruptured the vaginal wall by her own effort. Hence no person can be blamable for the accident. It would be difficult, if not almost impossible, for any person to make such a rent with the hand, in attempts to pass the hand upwards into the womb after a placenta. The vaginal wall would, under such circumstances, yield too readily in extension to admit of its being lacerated. I am, however, astonished to find that the fetus did not cause the laceration to increase so as to allow its passage through it. In treating labors when I have *detected* small rents, I have always endeavored to secure the child, by adjusting the forceps to the head; secured in this way, I felt sure, not only that it could not escape into the belly, but that no uterine efforts could be so dangerous, because I could myself furnish a large moiety of the force requisite for the delivery.

As to overlooking the rent, I can well conceive that it might be overlooked. Yet it is true that the very menacing circumstances that preceded, as well as the dangerous symptoms that followed the birth might have provoked one to a careful scrutiny—for they pointed to a rupture as a probable cause of them—I do not impute blame, however. We become intensely sympathetic in such cases, and so we cannot reflect with positive calm and indifference. I have read your letter with *care,* and can see no reason why any person should be blamed.

Most of the lacerations are unavoidable, and the liability to them is sexual, not professional, except where the greatest rashness, violence and ignorance have to do with the matter.

Many a placenta has adhered so closely that no man *can* detach it; when this happens he is not called upon to do impossible things; we physicians do what we can and ought—we are guilty of mal-practice if we do more than we ought to do. I have had many cases of adhesion of the placenta, and I know very well that in some of them no person can separate the mass. The fault is in the nature of the case, and must be charged to nature, and not to the doctor, when he has done *his* duty.

I am, sir, with much respect, your obdt. serv't,

CHARLES D. MEIGS.

DR. SIMMONS.

VERATRUM VIRIDE.—One of our patrons has asked for information in relation to Veratrum Viride. Our personal experience with the remedy is very limited, and we think the most valuable information we can furnish will be in the shape of a summary of the latest opinions of our professional brethren, as they appear to us in our exchanges.

Dr. Hutchinson, of Indiana, in a paper read before the Hendricks Co. Med. Society, Nov., 1856, comes to the following conclusions—viz: That "the effects of veratrum on the circulation are, to a great degree, like colchicum; the effects on the bowels are very different. In no instance have I found veratrum to purge. Like colchicum and digitalis, its powers are cumulative, frequently requiring several doses to bring down the pulse, or to produce emesis. Its influence in cleansing the liver, is greater than any other article with which I am acquainted. It is best adapted to cases accompanied with frequent pulse, and those in which a good deal of nervous irritation exists. The pulse produced by veratrum is *sui generis*, and, once recognized, is easily recognized again. For convenience, I have styled it the *veratrum* pulse. I have frequently brought down a pulse of 130 per minute, as low as 60, and sometimes as low as 40. It has become fashionable to administer it in conjunction with paregoric and spirits of nitre. I do not know that the combination is of any value in aiding the effects of the remedy. The dose is more easily proportioned by giving it singly. It is highly spoken of in rheumatism. There is a case of cynanche trachealis cured by it, reported in the September number of the Medical Observer. I have no doubt of its value in this disease, from my experience with it in croup, and I am in the habit of adding it to my expectorant mixtures in bronchial irritation."

Dr. C. H. Murphy, of De Soto, Illinois, in the late No. of the St. Louis Med. and Surgical Journal, reports three cases of pneumonia treated with veratrum viride, in conjunction with calomel and ipecac. The results are highly satisfactory. Reduction of the pulse, to a marked degree, took place in each case. He says—"I have used this remedy in twenty-one cases of pneumonia without failing, in any instance, to produce its sedative effects, and with the loss of but one case, and that I attributed to cold forty-eight hours after the pulse had been reduced to 60 per minute."

Also, "I have used it in all cases where high arterial excitement prevailed, and have never failed to reduce the circulation to its natural standard. The vomiting and prostration that are sometimes produced by an overdose, may readily be controlled by morphine and brandy." He used Norwood's Tincture, and in doses of 10 drops every three hours, increased or diminished *pro re rata*. In one case he seems to have given 16 drops before the pulse would fall.

Dr. A. W. Dewey, of Strawtown, Indiana, reports two cases to the Northwestern Medical and Surgical Journal, one a case of fever, and the other a case of dysentery, with threatened premature delivery. He gave the saturated tincture of veratrum in each case, and in doses of 3 to 5 drops every hour. He thinks the effects of the remedy very marked in the dysentery case, but it was given in conjunction with 3 *grain doses of opium*, (to say nothing of camphor, etc.) and we think the result about as clear as mud.

Dr. B. F. Newsom, of Reynolds, Georgia, furnishes the January (1857) No. of the Nashville Journal of Medicine and Surgery with a very interesting article, entitled—"*Veratrum Viride—Has it any abortive properties?*" He denies that the remedy has any specific effect over the uterus such as would tend to produce abortion. He says, "I have been in the habit of giving veratrum viride in all inflammatory affections where there was excessive arterial excitement, and I had a doubt as to the propriety of venesection, or when I considered venesection indicated and my patient refused to be bled."—Again, in another place, he says he has been giving it ever since 1850, in numbers of cases of almost every variety of inflammatory affections, "*gastritis* excepted," and he has never seen any ill effects from its use.—Again, he has never known any one to die from its effects, primarily or secondarily, and—"I go further and say, that I have never known it fail in controlling the pulse, except in a single instance: this was in a case of pleuro-pneumonia, in which there was so much gastric irritability, that it could not be retained in the stomach, etc."—He regards it as a powerful remedial agent, "being as easily controlled, or perhaps more so, than any other remedial agent of equal power in the materia medica, and, at the same time, capable of doing its work of destruction in the hands of the reckless and unthinking *enthusiast.*" Where used cautiously, and its effects carefully watched, he considers "no remedy in the materia medica capable of doing better or more faithful service." On the whole, Dr. Newsom's article is one of the most satisfactory we have ever seen on this subject.

In the October (1856) No. of the Nashville Journal is to be found quite an interesting article, from the pen of Dr. W. A. Brown, of Fort Valley, Georgia, on the subject of the *abortive* tendencies of veratrum viride. Dr. B. is firmly convinced that it *will* produce abortion, and he produces the certificates of some of his medical friends (Drs. Fielder, Matthews and Lamar, of Georgia) to support him in the opinion. Drs. Brown and Fielder, also, regard it as an unsafe remedy in general practice. This paper is really an important one, if the gentlemen are reliable, and we have not the slightest reason to suppose they are not.

In the December (1856) No. of the Nashville Journal, Dr. Haughton, of Richmond, Indiana, furnishes an article on veratrum viride. He says that Dr. Brown is certainly in error as to the remedy producing abortion. He says he has used the remedy "freely, but carefully," for three years, in cases of pregnancy, in all its stages, and has had no case of abortion. He has, also, used it in all ages, from the *infant* to *adult* age," and has always attained the desired end. He argues that the remedy, to produce abortion, must be to the effect of emesis or nausea, which is never necessary to produce *desirable* results. Ipecac, etc., etc., will produce abortion in the same way.

But we have gone as far as our space will allow in the present number. We will resume the subject in our next issue.

SUMMER COURSES OF LECTURES, AND PUBLISHED LISTS OF MATRICULANTS AND GRADUATES IN OUR MEDICAL COLLEGES.—The late number of the Nashville Journal of Medicine and Surgery and the American Medical Gazette contain some observations on the subject of the summer courses of lectures, which are now becoming quite fashionable in certain quarters. In reading these observations we become decidedly impressed with the idea, that some of these summer courses are mere mills through which the refuse (the "rejected") material of the winter courses is passed, and doctors are manufactured to order. We do not pretend to say that this thing is true, for the very idea is revolting to any properly educated mind; but if it is, such conduct is neither more nor less than an abomination, and the schools which are found to be thus recreant to every dictate of duty and propriety, should be frowned on.

The Nashville Journal touches up the Atlanta Medical College about its summer term, and the unprejudiced mind must admit that there is force in the following, and the Atlanta College can lose nothing by calmly reflecting on the subject.

"If Atlanta is for a fair and manly rivalry with the schools of the South, let her come up to the work in the regular way. When the walls of her rivals are ringing with the eloquence of the teacher, in the bracing atmosphere of winter, when the great corner-stone of medicine, Anatomy, can be successfully laid, let her own not be festooned with the drapery of darkness. Why be dumb when all around the medical world is stirred to its profoundest depths; when the halls of her worshippers are crowded, in the old world and the new, and her voice is heard everywhere in the land? Why be out of sympathy with all she professes to admire, and to admire all she professes to hate?

"There *is* a reason for everything under the sun, but it is no business of ours to hunt it up.

"If Atlanta could succeed upon her plan, the success could not be lasting. If she convinces everybody it is right, then every one is her rival. This would break up her monopoly and secure her ruin. If she is successful, it proves nothing. She is successful because she has no competition. Her worst enemy might consistently wish her the most unbounded success."

The Gazette has, also, some observations on the subject of the faculties of some medical schools issuing only the list of their graduates, and hints that the matriculation lists are sometimes terribly inflated with the names of M. D.'s. Now, we can't see the policy of suppressing the matriculation lists. If they are suppressed, suspicion very naturally and very justly falls on such schools. For our own part, we consider it the highest compliment that can be paid the school to which we belong, for a graduate from abroad to come and matriculate with us, and attend our lectures, and partake of our dissecting material, and we cheerfully publish his name on our list as a special feather in our cap. Such names on a matriculation list are, by no means, "dead heads," especially when a gentleman hands the Dean fifty dollars for the privilege, as we have known to be done. There are but two kinds of "dead heads" to be found on matriculation lists—viz: the names of M. D.'s and quacks who live in the same town or city where the schools are found, and are even the names of those graduated in said schools. Come out with your lists then, gentlemen, and let us not be sneered at unnecessarily. The *outs* will always *pick* flaws in our system, and merely because they are not *in*; then let the *in's* conscientiously perform their duty.

OUR DOUBLE-HEADED MONSTER.—We are under great obligations to Dr. J. B. Dungan for the drawing and account of the double-headed monster to be seen on our first page. It is a remarkable specimen, and is almost a fac simile of that of Prof. Meigs in the Jan. number of the American Journal of the Medical Sciences.

THE MEASLE OF THE PIG.—We beg leave to call the especial attention of our country friends to our "Special Selection" on this subject. We have received from Dr. Alexander Fleming a copy of his pamphlet on this interesting subject, and not only publish it entire, as something of real interest, but take the liberty of urging on those who live in the country, and have thus opportunities for personal observation, to furnish us the result of their experience. For our own part, we were reared in the country, and have, over and over again, seen measley pork at "hog-killing time." Measley *livers* were always carefully watched for, and were always condemned as unfit for use. They were always cut up and thrown to the dogs. We also recollect well, that *fresh* measley meat was never considered wholesome, but it was always "salted down," and, after being thoroughly cured, it was deemed as good as any. We never, however, paid any attention to the matter in a scientific way.

SLIGHT ERRORS.—Some of our exchanges credit the New Orleans School of Medicine with only 67 matriculants, whereas she has seventy-six.

The Boston Journal says—"The New Orleans School of Medicine, which it seems has not enjoyed equal advantages with the other medical institutions in that city, as regards hospital and other privileges for its students, has lately been placed on an equality with them by an act of the Legislature."

The Boston Journal is laboring under a misapprehension of things. The New Orleans School of Medicine *has*, from the first day of its organization, enjoyed privileges and advantages equal to any in the land. The only trouble about the matter was, that she enjoyed these only through the courtesy and sense of justice of an enlightened Board of Administrators, whereas she is now placed upon a firm foundation by an absolute act of the Legislature. The New Orleans School of Medicine has furnished her pupils with more clinical advantages than they could avail themselves of, and she has furnished them dissecting material in *profusion*, and *gratis*

CONTRIBUTIONS TO THE MUSEUM OF THE NEW ORLEANS SCHOOL OF MEDICINE.—The Faculty of the New Orleans School of Medicine are most highly indebted to Dr. John Calderwood, of Red River, for two of the rarest specimens of fibrous tumor of the uterus we have ever seen;

also, for a fine specimen of anencephalous fœtus, and for three valuable specimens of urinary calculi. To Dr. Ed. Banks, of Clinton, Miss., they are indebted for a most singular and interesting specimen, viz: about 14 inches of the lower portion of the small intestine of a child, so completely *stuffed* with large worms as to entirely obstruct the canal. The gut is absolutely distended, and the blood vessels are in the highest state of congestion. To Dr. E. H. Vasmer, of Texas, the Faculty are, also, indebted for a rare specimen indeed—viz: the heart of a man 38 years of age, exhibiting beautifully the condition of eccentric hypertrophy with dilatation, and a *patent foramen ovale, with a distinct valve, freely supplied with its chorde tendinœ in its whole circumference, on the left side of the auricular septum, the valve being perforated in its centre by a hole the size of a goose quill.* Notwithstanding there must have been an admixture of the venous and arterial blood, to some extent, during the existence of the individual, Dr. V. could not ascertain that he had ever been the subject of cyanosis.

Our brethren from the country and city have begun in right good earnest to contribute to our Museum, and we look with confidence to them for great assistance in this respect. They are not only conferring favors on us, but on all lovers of true science.

CHLOROFORM IN DELIRIUM TREMENS.—Dr. F. M. Garrett, of Tarboro, N. C., reports, in the April (1857) No. of the American Journal of Medical Sciences, five cases of delirium tremens treated with chloroform after all other remedies had failed and the cases were deemed hopeless. Four of these recovered, and one died of intense arachnitis. The remedy is certainly worth trying to a greater extent.

GASTROTOMY.—Dr. John B. Hays, of West Ely, Mo., reports to the American Journal of the Medical Sciences for April, 1857, the successful removal of a pelvic tumor, of a fibro-cartilaginous nature, from a colored servant, aged 42 years. The tumor had existed for four or five years, and had at length so undermined the health of the patient, and was causing so much suffering, as to make her anxious for the performance of the operation. The tumor sprang from the posterior portion of the uterus, and the pedicle which had to be cut was one and a half inches in diameter.

Medical Schools and Students of Medicine.—We publish a list of the number of matriculants and graduates in the different Medical Schools, as far as we have received information on the subject.

	Students.	Graduates.
University of Pennsylvania,	453	149
Jefferson Medical College,	488	212
Med. Dep't University of Nashville,	419	137
Med. Col. of the State of South Carolina,	245	
Med. Dep't of Univ. of New York,	313	112
College of Physicians and Surgeons, (N. Y.)		37
New York Medical College,	106	31
Pennsylvania Medical College,		58
Philadelphia College of Medicine,	60	
Medical College of Ohio, (Cin.)		31
Miami Medical College, (Cin.)		31
Cincinnati College of Medicine,		5
Rush Medical College, (Chicago)	149	41
University of Louisville, (Ky.)		50
University of Buffalo, (N. Y.)		15
Yale Medical College,		11
Starling Medical College, (Columbus, Ohio,)		18
St. Louis Medical College,		44
Missouri Medical College,		31
Medical College of Virginia,		23
Medical College of Georgia,	160	55
New Orleans School of Medicine,	76	*23
Massachusetts Medical College,		17
Med. Dep't University of Louisiana,		65

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*Besides 3 graduates in Pharmacy.

Annual Commencement of the New Orleans School of Medicine.—After five months of real hard work on the part of the Professors and Pupils, the first session of the New Orleans School of Medicine has closed, and thus far the friends of the institution have just cause to be pleased with its condition and prospects.

The Annual Commencement was held at Lyceum Hall, on the 15th of April, in presence of a large and highly intelligent and appreciative audience, and the Degree of M. D. was conferred on twenty-three young gentlemen, who, after undergoing a thorough examination before the Faculty, were presented to the Trustees of the Institution as worthy to receive it. Three young gentlemen were, also, admitted as licentiates in Pharmacy.

The Degrees were conferred by the President of the Board of Trustees. The Valedictory on the part of the Faculty, was delivered by Professor A. PENISTON, and that on the part of the Graduating Class by Mr. J. C. LEGARE. Mr. WM. R. BRANDON, of Mississippi, was the successful competitor for the Obstetric prize cup offered by the Professor of this branch.

The best of music enlivened the scene, the day was bright and fair, and everything passed off as smoothly and as pleasantly as could possibly have been desired.

Thus has the New Orleans School of Medicine passed through all the different stages of development—to use professional language—and she now stands forth submitted to the inspection of the most inquisitive, as to the symmetry and solidity of her proportions. She is willing to be judged by her fruits, and we here append the

List of Graduates in the New Orleans School of Medicine—Session of 1856-'57.

NAMES OF GRADUATES.	STATE.	SUBJECT OF THESIS.	Attended First Course Lectures
JOS. J. WADE	Louisiana.	Bronchitis	University of Louisiana
WM. P. McMILLAN	Mississippi	Pneumonia	University of Louisiana
JOHN D. ROGERS	Texas	Bilious Remittent Fever	University of Louisiana
JOHN C. LEGARE	S. Carolina	Syphilis	University of Louisiana
ALBERT M. WALLS	Alabama	Diagnosis of Pregnancy	University of Nashville
L. W. CHAMBERLAINE	Mississippi	Pulmonary Tuberculosis	University of Louisville
THOMAS CAMPBELL	Mississippi	Yellow Fever	University of Louisiana
WM. R. BRANDON	Mississippi	Use of Chlorof'm in Obstetrics	University of Louisiana
SAML B. FLUITT	Louisiana.	Dysentery	University of Louisiana
FRANK POLAND	Louisiana.	Abortion	University of Louisiana
W. JAMES COURTS	N.Carolina	Typhoid Fever	Philadelphia College of Medicine
KENNETH THOMPSON	Louisiana.	Typhoid Fever	University of Louisiana
B. C. BROWN	Alabama	Abortion	
M. C. BOYSE	Arkansas	Pneumonia	University of Louisville
C. H. SMITH	Mississippi	Typhoid Fever	Nat. Med. College (Washington)
E. H. VASMER	Texas	Hypertrophy of Heart, etc	University of Louisville
JAMES B. GAGE	Mississippi	Abortion	University of Louisville
A. C. SIMONTON	Louisiana.	True Croup	University of Louisiana
J. SMITH STAMPLEY	Mississippi	Chloroform in Childbirth	University of Louisville
JULIUS GUNTHER	Louisiana.	Variola and Vaccine	Vienna
MANUEL PIO AVILA	Havana	Yellow Fever	Cuba
J. E. EYLANDT	Louisiana.	Croup	University of Dorpat (Russia)
A. M. HOLT	Tennessee.		

The following gentlemen were duly examined by the Professor of Materia Medica and the Professor of Chemistry in the New Orleans School of Medicine, and having been found qualified, were granted the Diploma in Pharmacy by the Faculty of the Institution:

RAMON E. REYNIER	Cuba.
AUGUSTUS J. BOGEL	Louisiana.
NARCISSO HEREU	Louisiana.

List of Matriculants in the N. Orleans School of Medicine—Session of 1866-'57.

NAMES.	RESIDENCES.	PRECEPTORS.
M. P. AVILA	Louisiana	Dr. D. Nicolas Jose Guttierez.
J. J. BURROUGHS	Texas	Dr. A. A. McWhorter.
WM. R. BRANDON	Mississippi	
B. C. BROWN	Alabama	
M. C. BOYSE	Arkansas	Dr. R. M. Clark.
H. STERNE BRANTLEY	Alabama	
A. J. BOGEL	Louisiana	
L. W. CHAMBERLAINE	Mississippi	Dr. P. H. Wade.
S. H. CHEEK	Louisiana	Dr. J. C. B. Harvey.
THOMAS CAMPBELL	Mississippi	Dr. F. S. R. Abay.
A. A. CARUTH	Louisiana	Dr. Duggins.
W. JAMES COURTS	North Carolina	Dr. C. E. Johnson.
W. R. CAPEHART	North Carolina	Dr. B. F. Fessenden.
G. W. CHAPMAN	Louisiana	Dr. J. Montgomery.
H. T. CASTLETON	Louisiana	Dr. White.
WM. DECKER	Louisiana	Dr. Howard Smith.
J. G. DUBOSE	Texas	Dr. A. H. Dubose.
G. H. DORAN	Louisiana	Dr. Howard Smith.
C. L. EVANS	Mississippi	Dr. S. Van Allen.
J. E. EYLANDT	Louisiana	
S. B. FLUITT	Louisiana	Dr. J. S. Carrington.
EBENEZER F. ROST	Mississippi	
BARTOLEME FEBVER	Louisiana	Dr. A. Anfoux
JULIUS GUNTHER	Louisiana	
P. J. GIBERT	Louisiana	
JAMES B. GAGE	Mississippi	Dr. John J. Gage.
E. T. GAZLEY	Texas	Dr. R. B. Thomas.
W. C. HICKS	Mississippi	Drs. Mosely and Caston.
D. S. HUNSAKER	Texas	Drs. Hunt and Vance.
A. J. HEMPHILL	Mississippi	Dr. J. Hemphill.
NARCISSO HEREU	Louisiana	Dr. Joaquin Roura.
A. M. HOLT	Tennessee	
SAMUEL W. JACK	Arkansas	Dr. J. P. Mathews.
JOHN C. JACKSON	Texas	Dr. B. T. Archy.
JAMES E. KEATOR	Louisiana	Dr. Robert Lawes.
JOHN C. LEGARE	South Carolina	Dr. Samuel Choppin.
NUMA LAMBERT	Louisiana	
R. C. LINTHICUM	Texas	Dr. S. W. Poe.
J. H. McLARAN	Texas	Dr. W. T. F. Coles.
W. P. McMILLAN	Mississippi	Dr. A. C. Holt.
THOMAS B. MICKS	North Carolina	Dr. W. S. Micks.
SANFORD PERRY	Louisiana	Dr. T. S. Jones.
F. M. PARK	Arkansas	Dr. J. H. Peak.
FRANK POLAND	Louisiana	
JOHN D. ROGERS	Texas	Dr. W. S. Rogers.
RAMON E. REYNIER	Cuba	
WM. SANDEL, JR	Louisiana	Dr. Hudson.
SAMUEL L. SINGLETARY	Louisiana	Dr. Roznane.
WM. P. SMITH	Alabama	Dr. Wm. A. Smith.
J. SMITH STAMPLEY	Mississippi	Drs. Fenucane and Tuttle.
A. C. SIMONTON	Louisiana	Dr. W. A. Simonton.
C. H. SMITH	Mississippi	Dr. Howard Smith.
J. W. TOTTENHAM	Mississippi	Dr. S. Van Allen.
K. THOMPSON	Louisiana	
E. H. VASMER	Texas	Dr. W. H. Howard.
A. M. WALLS	Alabama	Dr. David Shelby.
J. J. WADE	Louisiana	
S. L. WALKER	Mississippi	Drs. Laird and Cook.
L. H. FISHER, M. D	Louisiana	
H. J. MEANS, M. D	Alabama	
S. C. CASTON, M. D	Mississippi	
S. M. D. WEBB, M. D	Mississippi	
J. B. McDOW, M. D	Alabama	
J. H. HARRISON, M. D	Georgia	
M. MARSH, M. D	Nicaragua	
P. B. MINOR, M. D	Alabama	
S. I. ARRINGTON, M. D	Alabama	
J. H. PINSON, M. D	Louisiana	
JOHN JOBE, M. D	Georgia	
E. N. GARY, M. D	Alabama	
J. F. HARRINGTON, M. D	Mississippi	
JAMES JONES, M. D	Alabama	
T. J. HEARD, M. D	Texas	
JAMES FARRELLY	Mississippi	
NEAL SMITH, M. D	Alabama	
J. E. MOORE, M. D	Texas	

Delegates to the American Medical Convention.—Profs. E. D. Fenner and C. Beard will represent the New Orleans School of Medicine in the approaching session of the American Medical Association, at Nashville. We sincerely trust that the South will be fully represented. Some of the States have, hitherto, displayed an unaccountable spirit of apathy on this important subject.

"We have not seen the "New Orleans Medical News and Hospital Gazette" since we sent them our notions in reference to their back-handed attack. Perhaps our bullets have sent it away. A friend informs us that a reply to us has been published, but not having seen it, we do not know what it is.—*Philadelphia Medical and Surgical Journal.*

Bullets, indeed! Why, bullets are possessed of weight. Try it again, Grandpa.

BOOKS AND PAMPHLETS RECEIVED.

"Clinical Lectures on Certain Diseases of the Urinary Organs; and on Dropsies. By Robert Bentley Todd, M. D., F. R. S., etc. Philadelphia: Lea & Blanchard. 1857."

"Lectures on the Principles and Methods of Medical Observation and Research, *for the use of Advanced Students and Practitioners.* By Thomas Laycock, M. D., F. R. S., F. R. C. P., Prof., etc. Philadelphia: Lea & Blanchard. 1857."

"On the Constitutional Treatment of Female Diseases. By Edward Rigby, M. D., etc , etc. Philadelphia: Lea & Blanchard. 1857.

"An Exposition of the Signs and Symptoms of Pregnancy: *with some other papers on subjects connected with Midwifery.* By W. F. Montgomery, A. M., M. D., M. R. I. A., etc., etc. From the second London edition. Philadelphia: Lea & Blanchard. 1857."

Through the politeness of our friend, J. C. Morgan, we have received the above named works from the enterprising publishers. We have not the time to give them that thorough reading which is requisite on the part of the reviewer, but we can safely recommend them all to the practitioner who reads. The lectures of Professor Laycock are chaste and elegant, and contain many valuable hints. Any one conversant with "Rigby's System of Midwifery" must know that he would not issue a book which is unworthy of a place in the best libraries; and Montgomery's work is absolutely invaluable to the student of midwifery.

"HOMŒOPATHY; *its history against itself.* Reprinted from the Boston Medical and Surgical Journal, with additions."

LIST OF ERRATA IN APRIL NO.—Page 78, third line from the bottom, read By Tyler Smith, instead of "By Marshall Hall, M. D., F. R. S., etc." Page 90, eighteeenth line from the bottom, read *Review*, instead of "*Medical Journal.*" Page 95, first on list of names, read Fluitt, instead of "Huitt." In same list, read Gibert, instead of "Gilbert." Same list, read Boyse, instead of "Boyce." Same list, read Eylandt, instead of "Englandt." Same list, read E. H. Vasmer, instead of "E. M. Vasmer" Same list, read Hereu, instead of "Herell."

By some mishap the name of A. M. Holt was not put on the list of matriculants, which would make the total number 76, instead of 75.

APOLOGY.—We owe the Atlanta Medical College our apologies for not having inserted their advertisement in our last issue. It was accidentally mislaid, and could not be found in time for the number.

LIST OF PAYMENTS FROM MARCH 26, 1857.—Doctors O. V. Shurtleffe, 1857, $5; Alexander & Sykes, 1857, $5; Wm. P. Gibson, 1857, $5; Thos. M. Matthews, 1856, $5; Thos. Teare, 1857, $5; Julius Günthier, 1857, $5; W. Harper, 1857, $5; J. Alexander, 1857, $5; W. J. Webb, 1856, $5; P. C. Boyer, 1857, $5; W. B. Wood, 1857, $5; H. C. McCall, 1856, $5; William B. Booth, 1855, 1856, $8; Wm. Mixson, 1857, $5; Allen Bridges, 1856, $5; William H Huger, 1856 and '57, $10; W. C. Ravenel, 1856 and '57, $10; J. R. McDow, 1857, $5; W. O. Barker, 1856, $5; David McKnight, 1857, $5; René Laroche, on account, $3; John Ray, 1854—'55, and '56, $11; J. H. Jones, 1857, $5; F. A. Bates, 1857, $5; S. B. Fluitt, 1857, $5.

REPORT OF DEATHS IN THE CITY OF NEW ORLEANS, FOR FOUR WEEKS ENDING APRIL 19, 1857.—Men, 135; Women, 65; Boys, 126; Girls, 126; Adults, 200; Children, 252; Males, 261; Females, 191; Colored persons, 69.—Total, 452.

Diseases—Albuminurea, 2; Anemia, 1; Angina Pectoris, 1; Apoplexy, 10; Asthma, 2; Asphyxia, 3; Bronchitis, 9; Burned, 1; Catarrh, 2; Can. Oris, 1; Casualties, 3; Cholera Infantum, 4; Cholera Morbus, 1; Cirrhosis of Liver, 1; Colic, 1; Congestion of Bowels, 1; Congestion of Brain, 8; Congestion of Lungs, 3; Consumption, 54; Convulsions, Adult, 2; Convulsions, Infantile, 19; Croup, 7; Debility, Adult, 2; Debility, Infantile, 2; Delirium Tremens, 8; Diarrhea, Acute, 12; Diarrhea, Chronic, 6; Dropsy, 4; Dropsy in Chest, 1; Drowned, 6; Dysentery, Acute, 11; Dysentery, Chronic, 2; Enteritis, 4; Epilespy, 3; Entero-colitis, 1; Erysipelas, 2; Fever, Congestive, 5; Fever, Hectic, 1; Fever, Scarlet, 17; Fever, Typhoid, 4; Fracture of Spine, 1; Fracture of Skull, 1; Gangrene, 1; Gangrene Senilis, 2; Gangrene of Ear, 1; Gastro-enteritis, 3; Hemorrhage, 1; Hemorrhage of Lungs, 1; Heart, disease of, 7; Heart, valvular disease of, 1; Whooping Cough, 5; Hydrocephalus, 2; do. of Brain, 1; Inflammation of Liver, 1; Inflammation of Lungs, 24; Inflammation of Stomach, 1; Intemperance, 1; Killed or Murdered, 2; Marasmus, Adult, 1; Infantile, 9; Measles, 27; Meringitis, 8; Old Age, 3; Palsy, 4; Pericarditis, 1; Premature Birth, 5; Retention of Urine, 1; Small Pox, 19; Stillborn, 25; Teething, 7; Tetanus, 5; Trismus Nascentium, 7; Unknown, 5; Wounds, 2; not stated, 8.—Total, 452.

Diseases Classed—Zymotic, 116; Nervous System, 88; Respiratory System, 101; Digestive System, 14; Circulatory System, 11; Urinary System, 3; Generative System, 1; Integumentary System, 7; Sporadics, 25; External Causes, 13; Age, 5; non-specified, 14; non-viable, 26.

Ages—Under 1 year, 104; 1 to 2, 33; 2 to 5, 38; 5 to 10, 25; 10 to 15, 11; 15 to 20, 6; 20 to 25, 27; 25 to 30, 23; 30 to 40, 56; 40 to 50, 43; 50 to 60, 24; 60 to 70, 13; 70 to 80, 8; 80 to 90, 2; 90 to 100, 1.

Nativities—Africa, 1; British America, 1; England, 3; France, 10; Germany, 15; Ireland, 36; Norway, 1; Spain, 1; United States, 208; not stated, 127.

EXCERPTA.

THE MEDICAL TESTIMONY OF DRS. WILLARD PARKER AND GILMAN IN THE TRIAL OF HUNTINGTON. *Analysed by* DR. BRAUNLICH,* *of Brooklyn.*—The extensive forgeries of Huntington, his trial and subsequent conviction, are of so recent date and so well known, as to render repetition unnecessary. However zealously and energetically the defense might have labored to free the prisoner of his criminal responsibility, no success could have ever crowned their laborious exertions, for the criminal acts of Huntington were too plainly, too evidently and glaringly established by the prosecution, to entertain the slightest hopes for their client.

In fact, nothing was left to them but the plea of insanity, so commonly resorted to under circumstances of so desperate and hopeless a character.

Drs. W. Parker and Gilman were called on by the defense to inquire into the state of Huntington's mind. Having visited and conversed with the prisoner for about one hour and a half, the medical witnesses did not hesitate for a moment to declare the latter morally insane. Not only did the bench and jury disregard the said medical evidence entirely, but the former rejected it even with signal contempt. Let us inquire whether there was any ground for that action.

The arguments on which the medical evidence chiefly rested are as follows:

1. Huntington manifests a great nervous excitability by scrofulous constitution, in consequence of which the organization of his brain is deteriorated and himself has become insane.

2. Huntington gave away and squandered the large sums he had obtained by his fraudulent operations in the most senseless manner; proof: that he is insane.

3. Huntington manifested, when in prison, the greatest possible indifference in reference to his own condition, as well as to that of his family; proof: he is insane.

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*Dr. B. has been one of the most respected and well known physicians for the treatment of insanity in all its forms. He has been at the head of a large Lunatic Asylum in the Kingdom of Saxony for more than twenty-five years, and his writings on Psychology and Insanity placed him among the most distinguished men of that specialty, Germany possessed. The reason why the Doctor, in advanced age, emigrated to this country, was to obtain the commutation of the sentence of death against one of his beloved sons, who had taken a part in the revolutionary movements at Dresden.

4. In the ancestors, especially in the father and mother of Huntington, some indications of insanity have shown themselves, consequently the insanity is hereditary.

The form of his insanity is that of moral insanity, a species of monomania, by which only the moral functions of the mental faculties are diseased, whilst the others are perfectly sound.

No. 1. That the scrofulous constitution is apt to produce such disorganizations of the brain as to become the pathological basis of insanity, is as novel as any hitherto unheard-of assertion, a mere hypothesis, borne out neither by science nor experience Had Drs. Parker and Gilman diligently inquired into the real condition of the insane, they would have found that in these unfortunate patients the scrofulous constitution is by no means prevalent. It is a fact well known to all physicians who have acquired a sufficient degree of knowledge and experience in the treatment of the insane, that no constitution itself predisposes to insanity, or to any particular form of mental disease. Hence the conclusion, that the preponderence of the scrofulous constitution of Huntington has, directly or indirectly, contributed to the insanity of the prisoner, is totally untenable.

No. 2.—Huntington gave away and lavished large sums in the most senseless manner. In this action the medical evidence of Drs. Parker and Gilman will recognise the proofs of his insanity. Had the Drs. been well instructed psychologists, they would have found the direct reverse. The first source of every crime is found in the presence of bad dispositions and desires, which men, instead of suppressing, rather favor and nourish. With nutriment of bad dispositions and desires, they grow to passions and degenerate to vices and crimes. This is the ordinary course and development of every crime of whatever name it may be.

Was this the same case with Huntington? We can give no other than an affirmative answer. His inordinate longing after enjoyment, his tendency to squander, was the first proneness of Huntington that served as the primitive motives to his subsequent criminal acts. His circumstances were not qualified to indulge in them, and in order to satisfy his propensities, he resorted to illegal means, thus becoming a criminal. By inquiring into the history of criminals, to which the literature of the "new Pitaval" furnished ample and inexhaustible material, the number of those is rather large that followed the course we have described, and that spent the results of their crimes, from forgery up to murder, in almost the same manner as Huntington.

If Huntington had amassed those sums which he fraudulently obtained, and lavished without indulging in any excess and debauchery whatsoever, the medical evidence would have been much more justified in pronouncing him insane, and consequently irresponsible. As there would have remained no conceivable object for his crime, he might have been laboring under "money-mania," or with other words, under the insanity of avarice, for which it is well known the mere possession of money is an object. But even this plea would not be tenable, unless borne out by other unmistakable symptoms of insanity, for avarice is not insanity itself. Huntington, however, was not avaricious, but on the contrary he was a squanderer, and he followed, therefore, the ordinary course of criminals.

No. 3. Huntington appeared in prison indifferent and apathetic, as to his own future and that of his family. How the medical evidence can find in the apathy and indifference of a prisoner the proofs of insanity, is only comprehensible in supposing that Drs. Parker and Gilman have had little or no opportunity at all to observe patients afflicted with insanity. Of hundreds of instances, idiots excepted, we have not found one who had not manifested the greatest uneasiness, restlessness, despair, ire, or violence, or grief and melancholy, when confined to solitude, however kindly and humanely they were treated. The calmness and indifference of Huntington signified, therefore, the reverse. The prisoner had, in consequence of his enormous expenditures, acquired a certain notoriety in the metropolis; hitherto he had been surrounded by friends and flatterers. His intellectual faculties had been incessantly put on the stretch in one direction; he had been constantly anxious to conceal his forgeries before the world. And at once his whole artificial construction, made up by sham, lie and fraud, broke down; his artificial character was "played out;" no hypocrisy could re-establish him to his former position; the veil fell from his true face, and there stood the defaulter in his criminal nakedness. It is so common in the history of criminals, that a moment like that relaxes the previous excitement into apathy and lethargy, and it is found particularly frequent with criminals belonging to the so-called "higher classes." Herein alone may be found the indifference of Huntington, and hereby again Huntington verified his standing on the common level with criminals.

No 4. By Huntington's uncles and aunt there have been traits of insanity; Huntington's mental disease is claimed to be hereditary. It cannot be denied that mental affections descend to the issue through generations; this is, however, much more the case with physical affections and diseases. Supposing that Huntington originated with parents afflicted, to a certain extent, with mental aberrations, it follows his predisposition to insanity, not insanity itself; just as little as an individual is considered epileptic that has descended from epileptic parents, before the disease has fairly appeared with an epileptic paroxysm; so with Huntington. There is no proof of his being insane, and as yet his alleged hereditary predisposition is merely gratuitous.

The form of Huntington's mental disease Drs. Parker and Gilman define as moral insanity. The nature of this remarkable disease Dr. Parker defines as follows: Moral insanity occurs in an individual who is afflicted with defective organization of some single and certain parts of the brain. The patient may be perfectly self-conscious, and be in the possession of his intellectual faculties; he may be able to discriminate between right and wrong, between good and evil, but in the affected parts of the brain, propensities, inclinations and impulses may generate, which to balance and counteract, the patient is not possessed of the required moral power. Justly can we say, "*difficile est satyra non scribere.*" The term of "moral insanity" is in itself a nonentity, a "*contradictio in adjectio,*" and it is almost incomprehensible how a scientific man and well educated physician can use such a term without meaning, and use it under so important and consequential circumstances.

For every act an individual commits in a state of unsound mind, he is irresponsible, because his mental disease deprives him of his moral freedom, and as long as he is in the state of insanity, morality does not exist. If there was moral insanity, there would be necessarily an insane morality, which, however, as yet nobody has thought of. No criminal is at once consummated; he becomes so by degrees, neglecting to suppress by his moral freedom his original faults, propensities and inclinations; they grow to vice, wickedness and crime by constantly indulging in and promoting them.

Should the doctrines of Drs. Parker and Gilman gain ground, and be adopted by practical jurisprudence, influencing bench and juries, they would cause a terrible commotion in our criminal justice, and upset all our ideas hitherto entertained by civilized countries, with reference to right and wrong. Every criminal who does not possess the required moral power to restrain his vicious propensities, and had allowed them to develope themselves to vice and crimes, could have a right to set up the plea of moral insanity, and legal guiltlessness therefrom. Dr. W. Parker has hitherto enjoyed the reputation of a highly qualified surgeon, and I do willingly believe deservedly, but sure it is that he is no psychologist, that he is an entire stranger in the science of psychiatrix. And hence he would have done by far better to resign medical evidence in cases referring to the soundness or affections of the mind, to men better acquainted with the subject, and more competent of judging it. It is at the expense of medical dignity and influence, if medical testimony is advanced which bench and juries are obliged to disregard, as they had to do in the case under consideration.—*American Medical Gazette.*

DR. HORACE GREEN AND THE BURNING AND SWABBING PRACTICE.—The next report is by Dr. Horace Green on *the use and effect of applications of nitrate of silver to the throat in local or general disease.*

It is well known to the profession generally that the name of Dr. Green has been for many years before the public, both professional and non-professional, in connection with this subject. We say *non-professional,* for his efforts to gain notoriety have not by any means been directed to the profession alone. This is manifest in all his publications on this subject. What was said in this Journal of one of his books some years ago is true of all—they bear "internal marks of being addressed more to the public than to the profession." Perhaps the article in the *Transactions* has less of this character than what has generally come from his pen; but even here his overweening desire for notoriety is manifest. In no less than seven instances he quotes what others say in commendation of Dr. Horace Green. As a mere matter of taste we should say, that it is hardly dignified for a physician thus to gather up the praises of himself by his fellow-men, and parade them in an article in the *Transactions.* This was certainly not the business which was assigned to him as reporter before the Association.

It is not our intention to notice the various points in his article, but to remark very briefly on the manner in which he has here and elsewhere investigated this subject, promulgated his views on it, and practiced upon them. The manner of doing this is a very faulty one—so much so, that Dr. Green, with the very great opportunities of rendering service to his profession and to medical science, has really done them more harm than good. That he has done some good, in common with others, by calling the attention of medical men to an important means of cure in some diseases, it is just to allow. But he has at the same time done harm which will vastly more than counterbalance this good by failing to discriminate with any accuracy as to the application of this and other associated means of cure. He has failed to make the requisite discrimination chiefly in three respects. First he has failed to discriminate between those cases in which these means are applicable, and those in which they are not. His application of the nitrate of silver, and clipping of tonsils and uvulæ are, it is notorious, altogether too common measures with him. Secondly, he has failed, in those cases in which recovery or amelioration has followed the use of local treatment and general treatment combined, to estimate discriminatingly the agency of each. In certain classes of cases, the great majority of which are vastly more benefitted by general than by local treatment, he has been disposed to give all the praise to clipping and swabbing. Thirdly he has failed to discriminate between the signs of the presence of the instruments and (the sponge-armed brobang and the elastic tube) in the œsophagus, and those of its presence in the larynx. The experience of physicians, and the investigation by the committee of the New York Academy of Medicine, show that there are difficulties in discriminating on this point, and that Dr. Green has entirely failed to be aware of them in his practice. Dr. Detmold was undoubtedly correct when he said, in the discussion in the New York Academy, that he believed that both Dr. Green and himself had often supposed that they had passed the probang into the larynx, when it had really slipped into the œsophagus. Indeed there is no satisfactory proof that the sponge-armed probang has ever been passed by Dr. Green through the vocal cords. The evidence of its passage through them, upon which he so implicitly relies, has been very clearly shown to be false by Mr. Erichsen (see the January number of this Journal for 1856). The sense of constriction experienced by the operator, supposed by Dr. Green to result from the resistance of the vocal cords, was found by Mr. E. to exist very palpably when the instrument was unquestionably passed into the œsophagus, it being "occasioned by the passage of the instrument through the narrowed portion of the end of the pharynx, or the beginning of the œsophagus, where the cartileges of the larynx, projecting backwards, give rise to a certain amount of constriction, compressing the gullet, as it were, against the spine." Indeed every one who has passed a brobang into the œsophagus any number of times must have experienced the same thing.

The passage of a *tube* through the vocal cords is quite another thing.

But even this cannot be done as readily and as certainly as Dr. Green pretends. In two cases in the investigation of the New York committee, the patient vomited through the tube, although Dr. Green was positive that he had passed the instrument into the trachea. We remark in passing, that Dr. Green shows his characteristic lack of discrimination in treating of injections "into the lungs," (this is his expression) in his paper read to the New York Academy. The title of this paper is *Injection of the Bronchial Tubes and Tubercular Cavities of the Lungs*, and yet there is not a particle of evidence in that paper that *tubercular cavities* have been injected, and Dr. Green, in the discussion in the New York Academy, withdrew all pretension of ever having done this. Surely such carelessness, may we not say recklessness, betokens anything but a discriminating mind.

It is evident that Dr. Green is superficial and loose in his observation, and has none of that accurate discrimination that marks the true discoverer. He is rather the inveterate rider of a hobby which he has chanced to mount, and it is no thanks to him that it proves to be rather better than some hobbies that are ridden by others.

The question whether Doctor Green is original in the topical application of nitrate of silver to the larynx, or has borrowed from Trousseau and Belloc, who were prior to him in point of date in this matter, is one of small importance. The degrees of credit due to him depends little on the decision of it, but more on the amount of discrimination that he has made in regard to this measure. And here we find that he has failed; we may say blundered, and that continually. This being the case it is no matter of wonder that the profession have been unwilling to allow all the pretensions which Dr. Green has set up for himself. This he puts down to the score of the persecution which so many claim is apt to be poured upon the head of him that happens to get in advance of his brethren, and make some discovery. It seems from his report to the New York Academy, that he had in his "earlier experience" so hard a time with his own countrymen, that he was a short time before induced to send a paper to the London Medical Society, which he had "thought to lay before the members of the Academy." But though this paper was well received, yet probably he has found that, on the whole, he gets no better treatment across the water, than he does here; and he now makes bold to come before the Academy, to "give the proof, not only of the practicability of this operation (swabbing the larynx and trachea,) which has been so positively denied, but of our ability, as *Americans,* to accomplish still more than this for the treatment of thoracic diseases; to perform operations of which the conservative Englishmen and skeptical Frenchmen have never dreamed!" But seriously; however it may have been in former times, the sin referred to cannot be laid to the charge of medical men as a body now. They are quite sufficiently ready to welcome any supposed discovery, and to pay all due homage to the discoverer. In not a single instance have the profession, certainly within this century, failed in this respect. And if they have not done justice to Dr. Green, it is an exception to their general conduct. But if we are right in what we have stated in regard to his want of discrimination, his case is not an exception. The profession have only estimated him justly, and it is from this just estimate that he and his friends speaking in his behalf have failed to establish his claims with the profession at large.

While Dr. Green's deficiency in discrimination has occasioned his failure in obtaining the clear and elevated reputation with the profession that he has desired, it has not hindered him from gaining a reputation with the non-professional public. Nay more, it has even added to that reputation, and rendered his practice a source of much greater emolument than it would have been if he had made very carefully the proper discrimination in diagnosis, and in the application of what he claims to be his peculiar mode of treatment. If he had done this he would have obtained an unquestionable reputation with his compeers, and his industry and tact would have insured him a large practice, though not as large and profitable as it now is. In pursuing the course which he has done, he has put himself in effect in a great measure in the attitude of the quacks, who come before the public with some special mode of practice, as inhalation for example; and who, with an undiscriminating application of their remedies, acquire great notoriety with the public, and therefore extensive practice. We do not say that he has done this deliberately for the sake of the emolument that could thus be gained. We do not undertake to decide as to motives. We only say that this is the effect of his course. And having thus put himself, whether unwittingly from sheer lack of discrimination, or in some measure wittingly, on a level with quacks, he has no right to expect any great sympathy from the profession which he has in effect in part ignored. The profession, on the other hand, have a right to call upon him to come clean over from the domains of quackery, or to give up all claim to be ranked among regular physicians. The rewards of quackery and of a regular honorable standing in the profession, ought never to be shared by the same individual. We have a right to apply this rule as rigidly as the Gospel does its rule, ye cannot serve God and Mammon. And we cannot forbear to remark that, as Dr. Green maintains so questionable a relation to the profession, he is out of place as a reporter to the National Medical Association.—*American Journal of the Medical Sciences.*

ON VALERIANATE OF AMMONIA.—*By William Procter, Jr.*—Within two months past a demand has arisen for the valerianate of ammonia, owing to the publication in the Medical Examiner of a notice of its successful employment in severe facial neuralgia by certain French physicians. Having been applied to for this substance, and having studied the subject to some extent, the following remarks bearing on the preparation and properties of the salt are offered to those desiring the information.

When valerianic acid, as it occurs in commerce, is neutralized with strong solution of ammonia, and the liquid is carefully evaporated at 150° F., a syrupy liquid results, which is a dense solution of the valerianate of ammonia. If left to stand for some time it shows little, if any, disposition to crystallize, especially if the atmosphere is moist; but under favorable circumstances crystallization occurs, and the solution becomes a mass of crystals.

After several trials, the following method was adopted, which proved successful. After concentrating the aqueous solution, it was mixed with twice its bulk of alcohol of 95 per cent., and suffered to evaporate spontaneously. In a few hours, as the alcohol disappeared, crystallization took place without difficulty. As valerianic acid is expensive, and the use of this salt will depend much on its being obtained at a reasonable price, it will be preferable to make the acid and salt in one operation, which can be economically done by the following process, which I have found to yield a nearly pure product.

Take of Bichromate of Potassa, eighteen drachms,
Sulphuric acid, thirteen fluid drachms,
Fusel oil (Alcohol Amylicum), a fluid ounce,
Water, a pint,
Solution of ammonia, a sufficient quantity.

Reduce the bichromate to powder in a mortar, add the acid mixed with an equal bulk of water and triturate, and then the remainder of the water, so as to get a clear solution. Pour this into a quart flask, add the fusel oil and shake them together at short intervals, until the reaction has abated and the temperature decreased. Then attach the flask to a Liebig's condenser, (or use a retort and receiver,) apply heat, and distil a pint of liquid from the mixture. The distillate (which consist of a watery solution of valerianic acid, with an oily mixture of valerianic acid and valerianate of oxide of Amyl, or apple oil, floating on its surface) should then be put in a flask, and solution of ammonia added with agitation, until in slight excess, and the liquid ceases to redden litmus paper. The apple oil floating on the surface should then be removed, and the solution evaporated on a water bath till syrupy, mixed with alcohol, as before noticed, and set aside to crystallize.

A very neat process is to pass gaseous ammonia through syrupy valerianic acid till super-saturated, and then, after slightly heating the dense solution, to remove the excess of ammonia, crystallizating by aid of alcohol, as above.

Valerianate of ammonia is a colorless salt, crystalizing in very thin micaceous quadrangular plates, soluble in water and alcohol in all proportions. When added to washed ether, a part of the salt seizes on the water and attaches itself to the sides of the vessel, whilst another is retained by the ether. Its taste is at first sharp, and then sweetish, its odor slightly valerianic, like valerianate of soda. When its aqueous solution is boiled, ammonia is perceptible in the vapor. According to Lowig it volatilizes without decomposition, and Gregorgy gives it the formula $NH^4, O+C^{10} H^9 O^3$. Although very soluble, this salt effloresces when exposed to the air. I have not determined its amount of water of crystallization, nor have I been able to find any statement of the dose of the salt, as the paper in the Examiner speaks of a "solution" without noting its strength.—*American Jour. of Pharmacy.*

Surgical Statistics.—A very singular paper was read at the Statistical Society of London, on the 21st of April, given in full in the Athenæum, a paper of most extraordinary surgical interest, as to the returns of Dr. Andrew Smith's department, relative to the "Surgery of the War." The total of killed and wounded in the Crimea, in the year ending September, 1855, was 13,880 men, in three nearly equal divisions, from siege duties, assaults, and battles. The proportion of killed to wounded is the same as at Waterloo—193 to 1000; so that the surgery of Mr. Guthrie has not advanced, but rather receded, as chloroform induced several hundred minor operations, which swell the statistics. In half a million of English troops engaged in nineteen battles, from Waterloo to the Malakoff, thirty per cent. of wounded died from injuries. The ordinary proportion of deaths in battle amongst wounded is one in five. Of 120 men wounded at Inkermann, said to be peculiarly a soldier's battle, or a fight with bayonets, a great mistake has been made, as only seven were bayonet wounds—seventy-nine gun-shot wounds. Guthrie has said, soldiers never charge with the bayonet, it is all fancy of newspapers. When it comes to the bayonet, one line of bayonets always runs away; seventy-nine will stand to be shot at a distance to seven that will stand "bayoneting;" 108 per thousand died from wounds in the Crimea, 391 per thousand from starvation and cold; while at Scutari, in one thousand deaths, 575 were from preventible causes, such as dysentery, diarrhea, and bad medical treatment; 175 by fever, and only fifty-five by wounds in battle; all owing to the war being commenced on a peace establishment, which had been reduced to the very lowest ebb by the monetary economists in Parliament, and a want of military physicians in the English army competent to treat medical diseases.—*Dublin Med. Press.*

WHEN IS A MEDICAL TEACHER OR PRACTITIONER SUPERANNUATED? In the organization of one of our western medical schools some years ago, the board of trustees of the institution declared, by the enactment of a statute, that when a professor has attained the age of sixty-five years, he is no longer qualified to teach, but must consider himself superannuated, in spite of whatever testimony he may have to the contrary. In Paris a law prevails in regard to hospital physicians and surgeons, similar in its bearing, but even still more arbitrary and unjust, since its limit is five years less. Under this regulation MM. Paul Dubois, Cruveilhier, Bonneau, and Hervez de Chégoin, having reached the fatal sixtieth year, retired from their respective posts at the beginning of the present year. M. Paul Dubois continues, however, as Professor of Clinical Midwifery to the Faculty at the Hôpital des Cliniques; it is at the Maternité that he will have a successor.—*North American Med. Chirurg. Review.*

THE VAPOR OF AMYLENE IN MIDWIFERY.—This substance is getting a fair trial at several of the London Hospitals; but a positive opinion has not as yet been pronounced upon its merits at any other than King's College Hospital for the present, where Dr. Snow himself has so ably administered it. There is one thing that should be remembered when giving it, and that is to use an inhaler, and not a mere piece of lint. How well soever this may occasionally answer with chloroform, it does not do so well with amylene. It has already been used in midwifery practice by Dr. Tyler Smith with the most satisfactory results. He has observed to us, that he administered it on a folded towel, to the extent of about thirty, forty, or fifty drops at a time, on the coming on of each pain. It produced rapidly a state of insensibility to pain, the uterine contractions remaining undiminished in force and frequency. The recovery of sensibility after pain was over, and the towel was removed, was always almost instantaneous. At the time of the birth of the child, the insensibility was as complete as though chloroform had been used. The placenta was detached, and came away readily, and the uterus afterwards contracted well. The pulse was found to be little if at all affected, the child was vigorous and healthy, and did not seem at all influenced by the anæsthetic. Dr. Tyler Smith thinks the advantages, as compared with chloroform, in midwifery, would seem to be the suddenness of its influence and its asserted safety, and the rapid disappearance of the insensibility after the amylene is withdrawn. The only disadvantages he could perceive are the pungent smell and the large quantity consumed. As many questions have been asked as to its probable effects in midwifery practice, we hope the above information will prove useful.—*London Lancet.*

CANCEROUS DEPOSITS.—S. Van der Kolk has a long paper on the Extension of Cancer-Cells to the neighborhood of Cancerous Tumors, and its Pathological Consequences. He details his observations on the method of propagation of carcinoma, and for the greater convenience of accurate examination, paid attention to cancer of the lower lip. He says that, having amputated the lip affected with epithelial cancer, he cuts it in a longitudinal direction, so as to have an anterior and a posterior portion, and finds that the lesion extends more in length than depth. On making a fine section parallel to the original one, the tumor will be found to consist of an aggregation of epithelial cells, which are of smaller size in proportion to the distance from the margin of the tumor. On examining the adjacent parts, which to the eye appear healthy, one finds numbers of small cells or nuclei, and finally a granular substance, with molecules of fat among the healthy tissues, in abundance proportionate to the distance from the cancer growth. The extension exists chiefly under the epidermis. One may often trace the passage of nuclei, around which a cellule is hardly formed into complete epithelial cellules. The transformation of granular substance and nuclei into cellules is seen on examining further. The nuclei and cellules are seen to be spread among the fibrous tissue, between the muscular fibres, and some along the muscular fibres themselves. In other cases, nothing but a granular substance and nuclei, in their first stage of development, mixed with fat, are to be seen. The muscular fibres, even where quite covered with nuclei and small cellules, showed their proper structure when cleared. In some places the transverse striæ were effaced, and a degeneration existed with a kind of dissolution of muscular fibres, which appeared to be resolved into cellules. When the muscular fibres were surrounded by sufficient nuclei to be observed, the fat globules diminished in number, as if repelled by cellules and nuclei in the intermediate tissue. The nerves made great resistance to this degeneration. In some places one found the nervous fasciculi surrounded by epithelial cells, without the least trace of decomposition inside the neurilemma. It is only exceptionally that there exist between the nervour fibres, any nuclei or small cellules. A large proportion of cellules and nuclei occupy the follicles and crypts of the chin, from which the constituent parts had been successsively removed after having probably undergone the fatty degeneration and dissolution.

It appears certain that an exchange takes place between the epithelial cellules and the interstitial liquid. The fluid receives from the cellules new principles, which do not exist in the fluid of healthy parts; and the two fluids—that between the cellules and that between the healthy parts—appear to bocome more or less mixed, and thus the liquid penetrates along the course of the fibrous tissue; and it is there that the nuclei and cells of new formation are deposited, and spread to places more distant. The author then goes on to mention cases in which the examination of portions of the surface after extirpation of the lip, confirmed the prognosis made by him. The altered fluid not only infiltrates the tissues, but may be absorbed by lymphatic vessels, and so transplant the malady; and this is the case with epithelial as well as cancers, properly so called.

The author alludes to similar cases mentioned by Donders, Bennett, Lebert and Hanover, and supposes that the altered and absorbed parenchymatous fluid generates the epithelial cellules within it, not by the transport of cellules ready formed, but by reason of a chemical modification in its constitutional elements. ' In fact, the cancer cellules may be produced inside the sarcolemma of muscular fibre, which could not give passage to a single nucleus. He mentions also a case of epithelial cancer of the tongue, wherein the root of the tongue was affected, and in which a large ulcerated tumor existed in the neck, which presented the characteristics, not of epithelial cancer, but of ordinary cancer, proving the position denied by Hanover and Lebert, but entertained by Bennett and Schrant, who admit the metamorphosis of one form of cancer into another. The author regards ordinary and medullary cancer as only the acute form of epithelioma, and asserts that the parenchymatous fluid acts in the same way in these cases as in epithelioma. He adduces cases which we cannot detail here. In one of them, besides the muscular fibres being transformed into fibrous cells, more or less long and numerous, the tibial nerve was greatly altered, the primitive nerve fibres being atrophied where the nerve appeared to be transformed into a fibrous tissue mixed with cellules and molecules of fat. The cancer cells may penetrate the walls of veins, and, though rarely, of arteries. In two cases of medullary cancer of the liver, in a part of the tumor developed in the portal vein adjacent—which is often the seat of medullary cancer—the capillaries of this part, enclosed in the cavity of the vein, were injected a fine red color through the arteries. In those cases in which the fungus has penetrated the mucous walls no membrane of any kind was seen to envelope it, or separate it from the blood's current. In the propagation of cancer by the fluid before alluded to, very often many nuclei are developed in a single cellule, which breaks and allows of their escape; but this latter formation never takes place in epithelioma. As regards the implication of nerves, the author then mentions a case of extensive cancer of one-half of the tongue, in which he examined the lingual and hypoglossal nerves of the other side, neither of which showed the presence of any tubules within them; yet on removing a very small portion from the middle of the hypoglossal nerve, cancer cells were seen. A nerve which will resist surrounding suppuration will be apparently occupied by cancer; and the author thinks that the extreme pain so often felt in parts attacked by cancer, is the result of the deposition of cellules within the nerves, and that the time for operation is probably passed when this occurs. He proceeds to counsel the immediate extirpation of any tumor or induration which might give rise to cancer; as, when once the cancer is formed, the cellules increase very rapidly in size and number, and are no longer separated from surrounding parts by a thick fibrous layer, the mass softens, being entirely composed of cells, and is past the relief of any operation.—*British and Foreign Medico-Chirurgical Review.*

REMARKABLE CASE OF MENTAL INFLUENCE OF THE MOTHER UPON A FŒTAS IN UTERO.—*By W. J. Heddens, M. D., of Barbourville, Ky.* In the third or fourth month of Mrs. H.'s second pregnancy, her house-servant, a yellow girl, was badly burnt about the eyes, causing considerable ecchymosis of the areolar substance around the eye, and causing active arterial congestion of the conjunctiva towards the outer canthus, and presenting the peculiar expression of a "gouged" eye. Mrs. H. is of a highly nervous and impressible temperament, with a cultivated mind. The sight of her maid produced, as she expressed it, "a mental agony, and made her feel sick and faint whenever she saw her." She was afraid the child would be *marked.*

I attended her in her accouchement, and her labor was easy and natural. But, much to my surprise and to her horror, the child *was marked* upon the conjunctiva of both of its eyes. Its left eye presenting a vivid scarlet crescentic appearance upon the conjunctiva in the outer part, and the right eye having very bright scarlet spots under the inferior lid.

I am quite sure the eyes received no external injury from the time of birth up to the time when I first noticed this appearance. It is equally impossible that any ærial matter could have gotten into its eyes. *The mother was free from all disease.* I have always been a disbeliever in the popular notion of the fœtus being affected by impressions of a mental or moral kind made upon the mother; but this certainly is a strange case, and as the profession are divided, I am induced to lay it before them, as being, so far as I know, a unique one; such as have been reported being of arrested development, or of a morbid nutrition. The eyes have improved in appearance by the use of collyria; its vision has always been perfect.—*Amer. Jour. of the Medical Sciences.*

DOES ERGOT, WHEN ADMINISTERED DURING LABOR, INJURE THE FŒTUS?—Dr. R. U. West has, in the Medical Times and Gazette, tabulated sixty-nine cases of labor, in which ergot of rye was administered. The following are a portion of his remarks in relation to this question:

"With reference to the probability of the ergot causing the death of the fœtus, I may observe, that in the whole number of 69 cases, there were 9 stillbirths, viz., in cases 2, 5, 16, 19, 23, 33, 39, 56, 67. All the other children were born more or less lively and vigorous. Of case 25, where the fœtus survived its birth only half an hour, I ought to observe that the mother usually gave birth to stillborn or similarly feeble children. Certainly, her three previous children were in this condition, no ergot having been given. From this list of 9 stillbirths we may at once exclude cases 19 and 33, the putridity of the fœtuses in these two cases having proved that they had died some days before the commencement of labor. Cases 5 and 39 were attended with considerable hemorrhage during or immediately preceding the labor, a circumstance of itself quite sufficient to account for the death of the children. In case 67, the death of the child was undoubtedly caused by pressure on the funis during the difficult delivery of a hydrocephalic head in a case of feet presentation. Four stillbirths remain to be explained, viz., in cases 2, 16, 23, and 56. Do the cases just referred to, when compared with the large number in which, under all sorts of unfavorable circumstances, and with a duration of the labor process, under the influence of the ergot, varying from a quarter of an hour to three and four hours, the fœtus was born lively and vigorous, prove anything whatever against the ergot of rye? I certainly think not."—*N. Y. Journal of Medicine.*

IODOFORM.—A new preparation of iodine, discovered by Sevillas, and more especially brought to notice by M. M. Dumas and Bouchardat, possesses properties which promise to make it a valuable addition to our means of employing, with benefit, this important therapeutic agent. It presents itself in a solid state, in the form of small pearly particles, of a sulphur-yellow color, friable, soft to the touch, and with a very enduring aromatic odor. It contains more than nine-tenths of its weight of iodine. It is sweet to the taste, and is not corrosive.

It destroys animals in a smaller dose than iodine, after having produced more or less depression, and rarely produces vomiting. This depression is followed by a stage of excitement, convulsions, contractions, etc. Iodoform does not produce the least local irritation, not producing the slightest increase of vascularity of the mucous membrane of the stomach and bowels.

Its therapeutic properties are thus arranged: 1. In consequence of the large quantity of iodine which it contains, it can replace iodine and the iodides in all the cases in which these are indicated. 2. It is absorbed with the greatest facility. 3. It has the advantage over all other preparations of iodine of never causing any local irritation, or any of those accidents which render the suspension of iodine necessary in certain cases. 4. In addition to the properties it enjoys in common with iodine, it has advantages peculiar to itself: it allays pain in certain neuralgic affections, and produces a sort of local and partial anæsthesia of the rectum, when introduced into that organ. 5. It may be given in doses of from five to fifty centigrammes a day. 6. The principal diseases in which it has been employed with advantage are endemic goitre, scrofula, rachitis, syphilis, certain affections of the neck and bladder, or of the prostate, and certain neuralgic affections. 7. It forms, with the greatest facility, most important pharmaceutic preparations.—*Arch. Gen. de Med.*

ON SCROFULOUS DEPOSIT.—Kuss considers that pulmonary tubercle, so called, only consists in the heaping together of epithelial cells in the various vesicles of the lungs, and that all its metamorphoses arise from their destruction. In this way, he asserts that tubercle in the various glands, the intestinal mucous membrane, and the medulla of bone, etc., is easily to be explained as arising from the globules existing therein. Thus, according to him, tubercle is not a foreign hetero-morphous material, but simply the results of proliferous cell elements. By Mandl, scrofulous deposit is considered to be crude mass, only exhibiting corpuscular and other arrangement as the result of the method in which it is torn up. He determines that it has no specific histological character, and that the fatty and shrivelled elements of reticulated cancer, and many other products, are to be compared exactly to tubercle corpuscles. According to Engel, tubercle at first consists of an amorphous exudation, in which cells are formed at a later period, which gradually undergoes a fatty or calcareous change, and softens.—*Brit. & For. Med. Chir. Review.*

VERATRIA AND MORPHIA IN INCONTINENCE OF URINE.—*By Thomas Kennard, M. D., Assistant-Physician to the Blackwell's Island Hospitals, New York.*—*Case* 1.—Moses Kitten, aged 28, white, engineer, native of New York, was admitted into the Penitentiary hospital, Blackwell's Island, May 12, 1856, suffering from delirium tremens, with apoplexy, followed by complete paralysis, which kept him in an insensible state for three weeks, during which time he had to be fed with a spoon. On recovering from this, he had no control over his sphincter muscles, discharging both feces and urine involuntarily, for which he was treated during June and July without avail. On the 8th of August he was placed under my charge, when I ordered him to rub the perineum three times daily with the following ointment: R.—Morphiæ sulphatis, veratria, aa gr. x; axungiæ, ℥j.—Ft. ung. This treatment was continued three days, when no further inconvenience was experienced, and the control over the sphincters was as perfect as ever before.

Case 2.—John Kipp, aged 80, native of New York, was admitted to the hospital at the Almshouse, Blackwell's Island, on the 25th of September, 1856, for contusion from a fall. On examining him, and finding his clothes wet, I learned that he had had no control over his sphincter vesicæ for eight years, and was wholly unable to prevent involuntary discharges. Being unable to assign a positive reason for his state, I ordered him to rub the morphia and veratrix ointment on the perineum three times daily, and in one week from commencing its use no further trouble was experienced.

Case 3.—John Flinn, aged 56, native of Ireland, laborer, was admitted to the Almshouse Hospital, September 15, suffering from paraplegia of four years' standing, two years of which time he has had no control over his bladder, but passed his urine involuntarily. I ordered strychnia 1-15 gr. twice daily for the paralysis, and to rub the perineum three times daily with the morphia and veratria ointment. Two weeks from this time he was cured of the incontinence of urine, and went on rapidly improving till the end of a month, when he was discharged, nearly well.—*Richmond Stethoscope and Medical Reporter.*

DIMENSIONS OF THE BRAIN OF AN IDIOT.—The following measurements of the head of a female idiot, who lately died at the Lunatic Asylum at Flatbush, L. I., are given by Dr. Thomas Turner, the chief of the hospital.

		General average.
Circumference....................	13½ inches.	21 inches.
Largest diameter..................	4 "	7½ "
From opening of ear over top of head..	8 "	15 "

The brain weighed only eight ounces. *Gall* denies intelligence to crania which are only from 14 to 17 inches in circumference, and *Andral* says that 18 inches may be regarded as the circumference necessary for intelligence. The total want of intellect in the subject of this notice, where there was apparently no diseased or abnormal condition of the brain, apart from deficiency in size, confirms the correctness of the observations of these authorities.—*Bostón Med. and Surg. Journal.*

PRIZES AT THE IMPERIAL ACADEMY OF SCIENCES OF FRANCE.—The Academy has decreed its Cuvier prize to Prof. Owen for his Researches in Anatomy and Physiology. The prize for Experimentrl Physiology of 2,000 francs has been decreed to Dr. Waller, an Englishman settled at Bonn, for his researches on the Spinal Ganglia. For his discovery of the application of amorphous phosphorous to the manufacture of lucifer matches, the Academy has awarded a prize of 2500 francs to M. Schrotter. In the department of medicine and surgery, the Montyon prizes of 2,000 francs each have been awarded to Dr. Simpson for the introduction of chloroform into surgical and obstetrical practice; to M. Malgaigne for his work on fractures and dislocations; to M. Jules Guérin, for having generalized the subcutaneous method; and to M. Stilling for his miscroscopical researches upon the spinal cord. Numerous other rewards of 1,000 francs have been adjudged, and amongst others to M. Middledorpff for the employment of the electrical current as a means of cauterization; to M. Boinet for his researches on iodine injections in disease of the ovary; to M. Guillon for his mode of dilating strictures of the urethra; to M. Faux for his researches on asphyxia; and to M. Phillippaux, for his new views on the action of caustics. The grand prize proposed by the Academy of Physical Sciences for 1857, and postponed in 1849 and 1853, and 1856, having for its object the development of the embryo, has now been decreed to M. Lereboullet, of Strasburg; and another grand prize—subject, the distribution of organic fossils in the tertiary strata—has been decreed to M. Brown, of Heidelburg.

The next Alhumbert prize of a gold medal, 2,500 francs in value, will be for the following subject: "The fecundation of the ova, and the structure of the organs of generation in the principal natural groups of the class of Polypi, or that of the Acalepæ.

The *Breant Legacy* of 100,000 francs has been left for the foundation of a prize, to be decreed to whoever discovers the causes or the means of cure of cholera. Until the prize is adjudged, the interest of the capital is to be given to whoever may be deemed to have advanced our knowledge respecting cholera or other epidemic diseases, or to any one who will point out the means of radically curing *dartres.—Medical Times and Gazette, Feb.* 14, 1857.

Esculapius the Son of Apollo.—It is said that the great Boerhaave was more proud of his success as a flutist than of his scientific glories· Haller, the universal genius, was an accomplished musician, and delighted in taking his part on the violoncello. Orfila, in place of becoming the founder of modern toxocology, had well-nigh turned his magnificent baritone voice to profit on the stage. M. Bataille, one of the most admired of the singers at the *Opera Comique,* is a doctor of medicine; and a young *agrégé* of great promise, possessed of a beautiful tenor voice, has deserted the Academies of Science for that of music. Quite lately, too, a M. Hans, a young man 21 years of age, has made a promising *début* in Lablache's character in Norma, at the *Theatre Italien,* and is engaged for next season in London. He is the son of the celebrated Rokitansky, of Vienna.—*Med. Times and Gazette, Feb.* 7, 1857.

Etherization in Convulsions.—*By W. B. Casey, Middletown, Conn., Feb.* 26, 1857.—Messrs. Editors,—I wish to add my testimony to that of your correspondents who have lauded the value of etherization in convulsions. I have tried it in many cases and various forms of convulsions —puerperal, infantile, epileptic and hysterical—and have scarcely ever failed to find it beneficial. In one case, some three or four years ago, where there was actual hydrocephalus in a child of some eighteen months or two years old, and where I exhibited chloroform as a last resort, and more with the view of rendering the "act of dying" less distressing and frightful, than with any other expectation, I had the satisfaction of arresting the convulsions and restoring the patient; and what is more extraordinary, the litttle fellow, who had previously been subject to "fits" every few weeks, has since had no recurrence of the dreadful malady. I could also tell of almost equal success in puerperal cases, but content myself with merely stating generally the result of my experience.—*Boston Medical and Surgical Journal.*

NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

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AMERICAN MEDICAL ASSOCIATION.

[From the columns of the Nashville Daily Gazette, we clip the following summary of the proceedings of the American Medical Association, recently in session, at Nashville, Tennessee. It is to be presumed that there are some typographical and other errors in a summary thus hastily issued during the session, and in our future numbers we will endeavor to correct the same, so as at the earliest moment to give our readers the most reliable information to be procured.]

TENTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—This body convened in the Representative Hall of the State Capitol yesterday morning, at 11 o'clock.

The Association was called to order by Dr. Pitcher, of Detroit.

The chairman then announced that the first business in order was the report of the Committee of Arrangements.

Dr. Winston, on behalf of that committee took the stand, and in a few brief and pertinent remarks, welcomed to our city the delegates present.

The chairman of the Committee of Arrangements then called the roll, and the following delegates answered to their names:

CONNECTICUT.—Charles Hooker.

NEW HAMPSHIRE.—Adoniram Smalley.

NEW YORK.—James R. Wood, D. M. Reese, George N. Burwell, and Alden March.

PENNSYLVANIA—Robley Dunglison, B. F. Schneck, Caspar Wister, and P. Cassidy.

GEORGIA.—Henry F. Campbell, C. R. Walton, N. P. Powers, A. H. Means, Joseph P. Logan, M. H. Oliver, Thomas Powell, J. Gordon Howard, R. D. Arnold, George P. Padleford, and Pike Brown.

ALABAMA.—G. M. Merriweather, W. P. Reese, A. F. Alexander, S. W. Clanton, W. H. Thornton, P. C. Winn, T. Stith Malone, W. J. Bass, G. D. Norris, J. F. Sowell, and J. W. Morris.

TENNESSEE.—Frank A. Ramsey, James Rodgers, R. O. Currey, B. B. Lanoir, J. L. C. Johnston, John M. Boyd, George R. Grant, T. A. Atchison, S. S. Mayfield, J. D. Kelley, T. L. Maddin, J. D. Winston, J. E. Manlove, G. A. J. Mayfield, Richard Owen, W. P. Jones, G. F. Jones, J. S. Burford, John P. Ford, Robert C. Foster, John H. Callendar, John H. Morton, A. H. Buchanan, J. W. Hoyte, N. C. Perkins, John B. Lindsley, C. K. Winston, Paul F. Eve, permanent member, W. P. Moore, Wallace Estill, B. W. Avent, H. H. Clayton, H. M. Whittaker, H. B. Manlove, T. M. Woodson, A. Ewing, Robert Martin, W. K. Bowling, P. S. Woodward, R. F. Evans, Thomas Lipscomb, M. Ransom, J. A. Long, John M. Watson, W. D. Haggard, John S. Park, D. B. Cliff, T. G. Kennedy, T. R. Jennings, Ira Conwell, W. H. Childress, W. A. Cheatham, J. F. Towns, J. M. Brannock, B. C. Wilson, P. W. Davis.

LOUISIANA.—S. O. Scruggs, Robert A. New, Cornelius Beard, and E. D. Fenner.

KENTUCKY.—Samuel Arman, R. W. Gaines, J. B. Flint, J. W. Singleton, R. J. Breckenridge, S. C. Porter, W. S. Chipley, S. M. Bemiss, L. G. Ray, W. A. Atchison, E. G. Davis, L. E. Almon.

INDIANA.—W. H. Byford, W. W. Hitt, Isaac Mendenhall, T. Bullard, N. Johnson, D. W. Yandell.

ILLINOIS.—J. C. H. Hobbs, A. H. Luce, James M. Steel, E. K. Crothers, T. K. Edmiston, W. A. Hillis.

MISSOURI.—S. Pollak, E. S. Fraser, John S. Moore, C. A. Pope.

MICHIGAN.—A. B. Palmer, L. G. Robinson, Zina Pitcher, William Brodie, L. H. Cobb, M. Gunn, Lewis Davenport, P. Cline, M. D. Stebbins.

IOWA.—Asa Horr, Wm. Watson, D. L. McGugin, J. C. Hughes.

OHIO.—Henry F. Koehne, J. M. Mosgrove, B. S. Brown, D. Ferris.

WISCONSIN.—Hays McKinley, J. K. Bartlett.

SOUTH CAROLINA.—E. R. Henderson, M. S. Moore, R. W. Gibbs, R. S. Bailey.

MISSISSIPPI.—F. B. Sanford, J. S. Cain.

NEW JERSEY.—R. M. Cooper.

ARKANSAS.—F. G. McGavock.

The Chairman of the Committee then presented the names of Dr. Felix

Robertson, Dr. John Shelby, and Dr. John Overton, of Davidson County, with the request that they be elected permanent members of the Association.

A motion was made to that effect, which prevailed, and the above-named fathers in the profession were invited to participate in the proceedings of the Association.

The President then announced that the next business in order was the appointment of a committee of one from each State, to nominate suitable officers for the ensuing year.

A motion was made that the Association take a recess of fifteen minutes for that purpose, which was carried.

Fifteen minutes having elapsed, the delegates from the different States returned, and presented the following committees:

Connecticut, Charles Hooker; New Hampshire, A. Smalley; Indiana, W. W. Hitt; Wisconsin, J. K. Bartlett; New York, James R. Woods; Michigan, A. B. Palmer; Missouri, J. O. Moore; Illinois, T. K. Edmiston; Kentucky, R. J. Breckenridge; Arkansas, F. G. McGavock; Ohio, B. S. Brown; South Carolina, R. W. Gibbes; Alabama, W. O. Reese; Mississippi, E. B. Shuford; New Jersey, R. M. Cooper; Louisiana, S. O. Scruggs; Pennsylvania, P. Cassidy; Georgia, Thomas S. Powell; Tennesee, J. B. Lindsley; Iowa, Asa Horr.

Dr. Pitcher, the President, then delivered his retiring address. We have not the space to even give a substance of his remarks. Suffice it to say that it was able throughout, abounding in eloquence, and containing many scientific facts which will be highly valuable to the profession.

A motion was made returning the thanks of the Association for the able manner in which the retiring President had discharged his duty, and also the appointment of a committee to request his address for publication. Carried.

The Treasurer's Report was read and received.

Dr. W. Cowling, from the Committee on Prize Essays, asked for further time to report. Granted.

Judge Catron being present, was by motion, invited to occupy a seat by the President.

The President informed the Association, that Dr. F. Campbell, Stewart, of N. Y., Dr. Isidor Gluck, of N. Y., and Dr. Pancoast of Penn., had been appointed to represent this body in Foreign Scientific bodies.

Under the head of Reports from Standing Committees, a letter was read from the Chairman of the Committee on Medical Topography and Epidemics, Dr. J. C. Watson, of Maine, stating that he had not prepared a report, but would be prepared by the next meeting of the Association.

J. F. Fosey, from the same committee, from the State of Georgia, presented a report which was received.

Communications from Peregrine Wroth, of Maryland, and W. S. Sutton, of Kentucky, on the same subject, were read and received.

The nominating committee returned, and presented the following officers for the ensuing year:

President.—Dr. Paul F. Eve.

Vice Presidents.—Dr. R. J. Breckenridge, Kentucky; Dr. J. M. Reese, New York; Dr. Wm. H. Byford, Indiana; Dr. Henry F. Campbell, Georgia.

The appointment of Secretaries was deferred until the Association determined the next place of meeting.

The Convention then adjourned until nine o'clock next morning.

SECOND DAY.

The Association met at nine o'clock, Dr. Pitcher presiding.

The minutes of the last meeting were read and approved.

The new President, Dr. Paul F. Eve, was then conducted to the chair. Before entering upon his duties, he addressed the Association in a few brief and pertinent remarks. He thanked the Association for the honor conferred upon him—that they were present again at one of those great festivals and glorious reunions, to whose efforts is committed the life and keeping of others. You come, said he, from the North and South, from the East and the West, you are brethren from various sections of the Union to carry out the best interests of the work in which you are engaged, and, said he, may I express the hope that your deliberations may be conducted with one heart, one mind, one hope, one voice.

Dr. Winston, Chairman of the Committee of Arrangements, reported additional delegates since the meeting yesterday.

Dr. Hooker, of Connecticut, from the Committee on Medical Topography and Epidemics, made an explanation relative to the report.

Dr. Arnold submitted an abstract of the report of Dr. J. F. Posey, of Georgia, on Medical Topography and Epidemics. Received and referred to the Committee of Publications.

From the same committee, Dr. Mendenhall, of Ohio, Dr. Alleyne, of Missouri, and Dr. Beech, of Michigan, were granted further time.

No reports from Alabama, Indiana, Wisconsin, Illinois, U. S. Army, Navy and California on the same subject.

Dr. Winston presented a communication from the Southern Methodist Book Concern, extending an invitation to the Association to visit that establishment during their stay in the city. Received.

The chairman stated that intelligence had just been received, announcing the death of Dr. T. J. Grafton, one of the Committee of Medical Topography and Epidemics, from Mississippi.

A telegraphic dispatch was read from Dr. J. Marion Sims, of New York.

Dr. Wood, of New York, submitted two reports, which were referred to a special committee.

The Special Committee being called, a letter from Dr. E. R. Peaslee, of Maine, was read, declining to serve as chairman on the Committee on Inflammation, its pathology, etc.

No reports from Dr. Hutchinson and Dr. Isaacs, of New York, a Committee on Anatomy and Histology of the Cervix Uteri.

Dr. J. Taylor Bradford, of Kentucky, to report upon the Treatment of Cholera—not present.

Dr. Mark Stephenson, of New York, to report upon the treatment best adapted to each variety of Cataract, etc., submitted a communication through Dr. Reese.

Dr. J. M. Carson, to report upon the causes of the Impulse of the Heart, etc., through a letter, asked for further time.

Dr. D. Meredith Reese, of New York, one of the newly-elected vice presidents, to report upon the causes of Infant Mortality, etc., submitted an able and lengthy paper on the subject. Notwithstanding his peculiar notions about marriage, his hatred to "soot tea," Godfrey's cordial, catnip, *goose grease*, etc., there were many scientific truths contained in the report, which will be received by the profession as highly valuable. The paper was referred to the Publication Committee.

The President appointed Drs. Currey, Grant and Evans a Committee on Voluntary Contributions.

A communication was read from Dr. J. B. Lindsley, from the Medical Association of Washington City, inviting the National Association to hold their next annual meeting in that city. Referred to the Committee on Nominations.

On motion of Dr. Winston, Dr. Shelby was invited to occupy a seat with the chairman.

Dr. Hobbs, of Illinois, offered a resolution, providing for the appointment of a committee, to whom all essays should be referred. After some discussion, the resolution was indefinitely postponed.

A communication was read, signed by several members of the Association, protesting against the admission of delegates from the Oglethorpe Medical College of Savannah, on the ground that it is not a regularly organized college.

Dr. Benson, delegate from that institution, by motion, was allowed to address the Association. He spoke with much feeling, giving suitable reasons why some of the chairs had not been filled in that college, and why the protest had been offered; that it had been signed by professors and graduates in a college which had for several years past been directly opposite to them.

Dr. Arnold, of Georgia, arose. He said that one of the signers was a graduate of Tennessee, and in a great state of excitement, he demanded whether the gentleman denied it.

Order was called for, and Dr. Benson stated that he had been so informed, and that, if he was mistaken, he should like to be corrected in a gentlemanly manner.

Dr. Buchanan, of Tennessee, regretted that a firebrand had been thrown into this Association, and he hoped the matter in question would be dropped.

A motion was made that the protest be laid on the table. Carried.

Dr. Palmer, of Michigan, moved that the whole matter be referred to a Committee of Three, which was afterwards amended, so that no professor should be appointed on the committee. Resolution and amendment adopted.

Dr. Felix Robertson, the first male child born in the city of Nashville, appeared, and was conducted to the stand.

The Association then proceeded to the regular business.

Dr. J. Foster Jenkins, of New York, to report upon Spontaneous Umbilical Hemorrhage, asked for further time, through a communication. Granted.

Dr. Henry Carpenter, Pennsylvania, to report upon the Use of Instruments in Obstetrical Practice. Not present.

Dr. Alex. J. Semmes, D. C., to report upon measures to be adopted to remedy the evils existing in the present mode of holding Coroners' Inquests, submitted a paper by mail, which was read and referred to the Committee on Publication.

Accompanying his report, he presented the following highly important resolution:

Resolved, That a committee of three in each State, Territory and the District of Columbia be appointed, and that said committee be, and they are hereby authorized, in the name of this Association, to memorialize their respective legislatures to pass such laws as will best carry into effect the objects of the foregoing report. Adopted, and the committee appointed.

Dr. J. B. Flint, Kentucky, report upon the True Position and Value of Operative Surgery.

Dr. J. Marion Sims, New York, Treatment of the Results of Obstructed Labor. Further time granted.

Dr. G. V. Dorsey, Ohio, Causes and Cure of Indigestion. No report.

Dr. C. B. Coventry, New York, Medical Jurisprudence of Insanity. Further time.

Dr. Jos. Leidy, Human, Animal and Vegetable Parasites. No report.

Dr. M. D. Darnall, Indiana, Value of Strict Attention to Position in the Treatment of Diseases of the Abdomen. No report.

Dr. Geo. Sutton, Indiana, Milk Sickness. No report.

Dr. Clark G. Pease, Wisconsin, Blending and Conversion of the Types of Fever. Further time.

Dr. B. S. Woodworth, Indiana, Best Substitutes of Cinchona. No report.

Dr. Franklin Hinkle, Pennsylvania, Use of Cinchona in Malarious Diseases. Read and referred to Committee of Publication.

Dr. Henry F. Campbell, Georgia, Nervous System in Febrile Diseases. Submitted and continued.

Dr. John Neill, Pennsylvania, Laws Governing the Absorption and Deposit of Bone. No report.

Dr. John W. Green, New York, Intimate Effects of Certain Toxicological Agents in the Animal Tissues and Fluids. No report.

Dr. Geo. Suckley, U. S. Army, Medical Topography and Fauna of

Washington Territory. Referred to Committee on Voluntary Contributions.

Dr. James Cooper, New Jersey, Flora of Washington and Oregon Territories. Referred to Committee on Voluntary Contributions.

Dr. C. E. Isaacs, New York, Intimate Structure and Pathology of the Kidney. Further time.

Dr. Israel Moses, New York, Diseases Incidental to Emigrants. No report.

Dr. T. W. Gordon, Ohio, Etiology and Pathology of Epidemic Cholera. Continued.

Dr. H. A. Johnson, Illinois, Exertions as an Index to the Changes going on in the System. No report.

Dr. D. D. Thompson, Kentucky, Remedial Effects of Chloroform. No report.

Drs. Leidy, Wood and Meigs, Pennsylvania, Best Means of Causing an Increase in the Number of Essays. Continued.

Dr. N. S. Davis, Illinois, Changes Produced in the Composition and Properties of Milk. Communication read and received.

Dr. McGuinn, Iowa, Stomatatis Materia. Further time.

Dr. Singleton, of Kentucky, offered a resolution in regard to the death of Dr. Grafton, of Mississippi.

A motion was made to expel Dr. Reynolds, a member of the Association, for certifying to the good qualities of quack medicines. Carried.

The committee appointed to take into consideration the charges preferred against Oglethorpe College, Savannah, reported that the charges were not sustained, and recommended that the delegates be admitted. Received and concurred in.

The following preamble and resolution was adopted :

Whereas, It has pleased Almighty God to remove, by death, our fellow member, Robt. M. Porter, and because of his devotion to the interests of the profession of medicine and his steady support of the American Medical Association,

Resolved, That this Association learns with unfeigned sorrow of his decease, and that they have lost a fine and intelligent supporter, and society a benefactor and friend.

The Association then adjourned.

THIRD DAY.

The Association assembled at 9 o'clock. The minutes of the preceding meeting were read and approved.

Dr. Hoyte read a list of additional Delegates, arrived since yesterday.

A communication was received from Dr. Clark G. Pease, of Wisconsin, to report upon blending and conversion of the types of fever. The report was received and referred to the Committee on Publication.

Dr. Curry, Chairman of the Committee on Voluntary Contributions, submitted a report recommending the publication of several papers. Received.

Dr. J. B. Lindsley, Chairman of the Committee on Nominations, offered the following report:

Secretaries.—Robt. C. Foster, of Tenn.; A. J. Semmes, of Washington City.

Treasurer—Caspar Wistar, of Philadelphia.

For next place of meeting, Washington, D. C.

STANDING COMMITTEES.

Committee of Publication—Francis G. Smith, of Philadelphia; Caspar Wister, of Philadelphia; R. C. Foster, of Nashville; A. J. Semmes, of Washington City; Sam'l L. Holinsworth, of Philadelphia; Sam'l Lewis, of Pennsylvania, and H. F. Askew, of Delaware.

Committee on Prize Essays—Grafton Tyler, of Georgetown, D. C.; J. C. Hall, of D. C.; J. F. May, of D. C.; Thos. Miller, of D. C.; A. J. Semmes, of D. C.; Joshua Riley, of D. C., and W. J. C. Duhamel, of D. C.

Committee of Arrangements—Harry Lindsley, W. J. C. Duhamel, Cornelius Boyle, R. H. Coolidge, M. Dove, A. J. P. Garrett and Wm. R. Johnson, of D. C.

Committee on Medical Education—G. W. Morris, of Philadelphia; A. H. Luce, Ill.; E. R. Henderson, S. C.; G. R. Grant, Tenn., and T. S. Powell, Ga.

On Medical Literature—A. B. Palmer, Detroit; A. F. Alexander, Ala.; J. M. Musgrove, Ohio; P. Cassidy, Penn., and S. Pollock, Missouri.

Committee on Medical Topography and Epidemics—T. B. Shufford, to fill the vacancy occassioned by the death of Dr. Grafton, of Mississippi.

C. W. Parsons, to fill the vacancy caused by the resignation of Joseph Maurau, R. I.

Special Committees—Spontaneous Umbilical Hemorrhage, etc., Dr. J. Foster Jenkins, New York.

Influence of Marriages of Consanguinity upon Offspring—Dr. Bemiss, of Kentucky.

Functions of Different Portions of the Cerebellum—E. Andrews, N. Y.

Causes of the Impulse of the Heart, etc., Dr. J. W. Corson, New York.

Treatment of the Results of Obstructed Labor, Dr. J. Marion Sims, New York.

Treatment best adapted to each variety of Cataract, etc., Dr. Mark Stephenson, New York.

Human, Animal and Vegetable Parasites, Dr. Joseph Leidy, Pennsylvania.

Best Substitutes of Cinchona, etc., Dr. B. S. Woodworth, Indiana.

Intimate Structure and Pathology of the Kidney, Dr. Charles E. Isaacs, New York.

Etiology and Pathology of Epidemic Cholera, Dr. T. W. Gordon, Ohio.

Inflammation of Cervix Uteri, Henry H. Miller, Kentucky.

Milk Sickness, Dr. W. H. Byford, Ind.

Best means of causing an Increase of the Number of Essays, etc., Drs. Leidy, Wood and Meigs, Pennsylvania.

Changes Produced in Composition and Properties of Milk, etc., Dr. N. S. Davis, Illinois.

Stomatitis Materia, Dr. McGuinn, Iowa.

On Criminal Abortion, with a view to its general suppression, H. N. Stover, Boston.

The Committee also recommended that the time of meeting be changed to the First Tuesday in *June*, instead of *May*.

Dr. Yandell, of Kentucky, offered the following resolution:

Resolved, That this Association re-affirm the principles respecting the rights of constituent bodies, announced in a report contained in vol. V. of its Transactions in the following terms: The Faculty of every chartered Medical College shall have the privilege of sending two Delegates to the Association, provided that the said Faculty contain not less than six Professors, who give one course, of not less than sixteen weeks, on Anatomy, Materia Medica, Theory and Practice, Theory and Practice of Surgery, Midwifery and Chemistry; and also, that the said Faculty requires of its candidates for graduation, that, among other requisites, they shall have attended two full courses of lectures with an interval of not less than six months between them, one of which courses must have been in their Institution.

After some remarks by Dr. Buchanan, of Tennessee, opposing the resolution, Dr. Boring, of Georgia, offered a series of resolutions, with a view to dismiss the subject of Medical Education entirely from the Association.

Dr. Boring advocated the passage of his resolutions with much force.

Dr. R. O. Curry offered a series of resolutions in lieu, providing, that a committee of five be appointed to prepare a system of medical instruction, for the consideration of the Association at its next session, and which, if adopted by the Association, and conformed to by the Medical Colleges, shall be entitled then to representation.

Dr. Reese, of New York, next occupied the floor, and discussed the subject at length in an eloquent manner, and urged that the whole matter be indefinitely postponed.

Dr. Annan, of Kentucky, spoke briefly on the subject, favoring an indefinite postponement.

D. Yandell addressed the Association, advocating the passage of his resolution.

Dr. Annan moved to indefinitely postpone. Lost.

The previous question was called for. The main question was put and lost.

Dr. Wood, of New York, addressed the Association in a few brief and pertinent remarks.

Dr. Means, of Georgia, next followed in a most eloquent strain. He was listened to with profound attention.

Dr. Charles Hooker, in a few remarks, advocated the resolutions of Dr. Curry, as a substitute. The question was put, and the resolutions adopted

Dr. Bowling, from the Committee on Prize Essays, submitted a report awarding the premium to Henry F. Campbell, of Georgia, and Wm. A., Hammond, Assistant Surgeon U. S. Army, Fort Reily, Kansas.

Dr. Gunn, of Michigan, offered a resolution with a view to amend an article in the Constitution. Laid over until next meeting.

The chairman presented a letter inviting the Association to visit the Medical College and Military Departments in the afternoon. Accepted.

Dr. Curry, from the committtee on voluntary contributions, reported favorably on the paper of Dr. C. A. Pease, of Wisconsin, and recommended that it be handed over for publication. Received and concurred in.

Dr. A. B. Palmer, of Michigan, offered a long series of resolutions in regard to medical education. Adopted.

Dr. Lindsley, of Tennessee, from the committee on nominations, submitted a second report of the committee as follows:

On moral insanity—Dr. D. M. Reese, of New York.

Calculi and diseases of the urinary organs, in Iowa, Minnesota and Nebraska—Dr. J. C. Hughes, of Keokuk.

The native tendency and general treatment of a syphilitic bubo—Moses Gunn, of Michigan.

Medical Education—J. R. Wood, and John Watson, of New York; George R. Grant, of Memphis, Tenn.; C. B. Nottingham, of Ga.; and R. L. Rocke, of Philadelphia, Pa.

D. J. L. Cabell, of Va., to fill the vacancy in Medical Topography and Epidemics.

Dr. Pitcher, of Michigan, offered a resolution, highly complimentary to the citizens of Nashville for the hospitality extended to the different members of the Association.

Drs. Wood, of N. Y., Palmer and Gunn, of Michigan, and others spoke in favor of the resolution, expressing their thanks for the manner in which they had been received. The resolution was unanimously adopted.

Dr. Currey offered a resolution, complimenting the reporters and the city press. Adopted.

The officers were, by a resolution, also remembered.

Dr. Gunn presented a pamphlet published by Dr. H. F. Campbell, of Ga., of a claim of priority in the discovery and naming of the excito-secrtory system of nerves.

The Association then adjourned *sine die.*

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CASES REPORTED

By W. E. Brickell, M. D., Vicksburg, Miss.

Case of Protracted Labor—Craniotomy—Remarkable Fœtus.

February 4th, at 5 A. M., I found a servant woman of Mr. ——, said to be in labor, suffering very much, and yet no uterine contractions whatever. She was cold above her knees and elbows, covered with a clammy perspiration, countenance indicative of great anxiety, respiration hurried, with occasional deep sighs, and a quick and very feeble pulse.

In addition to all this, the lower extremities seemed entirely paralyzed; she had no control over them. She was in labor with her second child (had had some difficulty with the first), and had been working hard for fifty-four hours.

Auscultation revealed no fœtal pulsations, and she said she had not felt any motions of the child for two days. Physical exploration proved the head to be in the cavity of the pelvis, the face looking to the left illium, and extension complete. Of course the relation of diameters was such as to render spontaneous delivery most improbable, if not impossible. My first step was to administer appropriate stimulants, and whilst awaiting their action, endeavor to rotate the occiput under the pubic arch. The latter indication could not be met, however, as the head was immoveable —it was literally wedged in the pelvis.

There was no time to be lost in such a case—no use in relying on already abused nature, so I forthwith resorted to craniotomy. After evacuating the brain, I succeeded in bringing the chin under the arch of the pubis and soon effected the delivery. A low fever set in, and for some days I was fearful I should lose my patient, but she recovered.

The fœtus was a remarkable one. The upper and lower extremities were each about four and a half inches long—there being an almost entire want of forearms and legs—and the feet and hands looked as if they were stuck on at the knees and elbows. But the arrest of development in these parts was balanced in the great size of the head. The occipito-frontal diameter was 6 inches; the occipito-mental, 7; the fronto-mental, 3¾; and the biparietal, 5 inches.

Case of arm presentation. Version performed by the combination of internal and external manipulation.

On the 1st February, 9 P. M., I was called to Mrs. ——, in labor with her twelfth child. She had an old midwife in attendance, who made an examination at 3 P. M., and told her simply that she was in labor. Patient had been suffering moderate pains now for about eight or nine hours. At 8½ P. M., an arm was born, and now, for the first time, the unfavorable condition of the patient was appreciated. By the by, she was only about seven months gone.

I found her much alarmed and suffering intensely from excessive uterine contractions. The left arm was extruded, and the cord was passed once around it and twice around the neck of the child. The uterus acted with such vigor that I was very apprehensive of rupture of its fibres, and, under all the circumstances, I determined to try, as a first step, version by the combination of internal and external manipulation, and without the complete introduction of the hand into the uterus. I remembered having read the report of a case by Dr. Penrose, of Philadelphia, in which he performed version in this way. Accordingly, I inserted two of my fingers and made strong pressure against the left mastoid process, while with the left hand I made external pressure downwards on the superior portion of the ovoid. To my great satisfaction I found the shoulder presentation yielding, soon the breach of the child was at the os, and it was not long before the seven months' fœtus was born. I think it had been dead for a day or two. The cord was once around the arm, twice around the neck, and the child sitting astride it. This condition of things shortened it so that the placenta came away with the child. The patient soon recovered.

I did not give chloroform in this case to mitigate the efforts of the uterus. I did not know the susceptibility of the patient, and the remedy was not very convenient.

The case is instructive to those who advocate the employment of midwives instead of educated physicians. The lady had borne eleven children without accident, and had implicit confidence in her midwife; yet in the twelfth pregnancy she has a shoulder presentation, and the midwife does not detect the trouble until the arm is actually extruded. The educated accoucheur is expected to be far more competent than this, as in such presentations the successful treatment generally rests on the detection of the deviation before the membranes rupture, and when, of course, version is a comparatively easy operation. The patient, in the present case, was fortunate in being only seven months advanced in pregnancy. Had she been at full term, her implicit confidence in an uneducated midwife would, in all probability, have cost her the life of a fully developed child, if not her own.

I will take occasion to mention here, that in each of the foregoing cases I have used the belladonna to suppress the secretion of milk, and with the happiest results.

Fractured Clavicle.—Use of Arm Unimpaired.—Some four or five weeks ago I called at the house of Mr. —— on business. He remarked that his little daughter, five or six years old, had fallen out of bed against a door step, and had hurt her collar bone; that she had been in bed with it for two days, and complained considerably when moved; that his wife was fearful of a fracture, but he felt sure such could not be the case, as the child had perfect use of the arm; that his physician was absent, however, and that he would like me to look at it. I made a careful examination, but could detect no fracture; she moved her arm in any direction I suggested. All I could say was, that there might be a *partial* fracture. I saw the child at church next day, but not again for three weeks thereafter, when the father called at my office and said there was a lump on the collar bone. Next day I called to see the patient, and sure enough there was a *complete* fracture, the sternal extremity being raised distinctly above the other. The only way I can account for it is, that the fracture was directly transverse; while she remained quietly in bed, or only moderately exercised the arm, the ends were not separated, but active use of the arm in play ultimately dragged them apart. But one of the most interesting points about the case is, that, even after displacement did occur, she continued to use the arm, and without complaint.

CASE OF ACUTE HYDROCEPHALUS.

By Tom L. Peyton, M. D., of Raymond, Miss.

Tuesday, April 21st, 1857, half-past 8 A. M., was called to see Miss F. E., aged 12 years. She had a severe attack of billious remittent fever about the first of the month, which lasted seven days. I learned that after recovery, her extremities became quite œdematous, with considerable enlargement of the abdomen and swelling of the face.

Found her this morning with face very œdematous. The swelling of limbs and abdomen had suddenly disappeared since the afternoon of yesterday. Pulse rather frequent and full, tongue heavily coated in the middle with light brown fur, vomiting frequently; complains of severe headache between parietal protuberances. Gave her ℞ spts. lavand. comp. ʒss, kreosot gt. i, which relieved the nausea for the time. At half-past 9 gave her x grs. calomel. Fearing cerebral symptoms of an aggravated character, I concluded to remain an hour or two. A short time before 11 o'clock, was attacked with violent convulsions following each other rapidly. Pupil very much dilated, pulse quick and tense. Applied cold water, (ice could not be had,) freely to the head. Ordered warm bath. Whilst the bath was preparing, took 3℥ of blood from the temples by cups.

Kept her in the bath fifteen minutes, using cold water freely to the head. Immediately after bathing her took 16 ℥ blood from the arm. Convulsions still continue with no abatement of violence. Ordered enema of warm salt water, to be followed in fifteen minutes by one of warm water, with a teaspoonful of mustard well mixed with it. They acted, bringing off a small quantity of hard fecal matter. From this time, 1 P. M., the convulsions gradually declined in frequency and force until half-past 2, P. M., at which time they ceased. In an hour more was rational. Gave her viii grs. of calomel. Being compelled to leave, directed ℞ ol. ricini ʒss, ol. terebinthe gtts. xxx, to be given at 5 P. M. The cold water to be continued to the head, with warm mustard pediluvia at intervals of two hours.

7 P. M. Found her in violent convulsions, which had returned a short time before. The oil and turpentine was not retained. Ordered warm mustard pediluvium. Took 2 ℥ blood, by cups, from the temples. Shaved her head, applying cold water freely. Gave her oil and turpentine both by mouth and rectum, but neither was retained. Convulsions increasing in intensity, with great contortion of features and contractions of the limbs, the knees being drawn up to the chin, the forearm rigidly flexed on the arm, and the arm on the thorax. My friend, Dr. Dupree, arrived at 9, P. M. We applied a plaster of cantharides to the head and neck, from the lambdoidal suture to the third cervical vertebra, and one to the inside of each leg, from three inches below the knee to inner malleolus. Owing to the violent convulsive movements we were unable to retain the plaster on her head and neck, but succeeded in getting a very good blister with chloroform. Gave her ℞ hydrarg. chlor. mit. grs. vi, which was retained. From this time nothing was retained by the mouth or rectum during the night.

Cold water to the head, and chloroform, by inhalation, were freely used through the night with no apparent benefit, there being an almost continual convulsion, with a very weak and fluttering pulse.

Wednesday, 22nd, 7, A. M. Dr. Dupree left. From this time until 3 P. M., the convulsions continued to be very violent, when she became pulseless at the wrist, cold perspiration settling on her face, features pinched, great lividness about the surface, respiration five times in the minute, with decided rattle in the throat. Dr. Reynolds arrived, but advised nothing. Being compelled to leave, and thinking all chance of recovery gone, I gave directions for the cold applications to be continued to the head, with hot bricks to the feet.

Much to my surprise I was called at 7 P. M., and found her better. Pulse 130, and very feeble; had had no decided convulsions since I left, but there is still a good deal of subsultus about the extremities. She drinks water from a spoon. Applied plaster of unguentum hydrarg. to each blister; continued cold water to the head, with warm mustard pediluvia.

Thursday, 1 A. M. Pulse 120, and somewhat stronger; blisters seem to cause a good deal of pain. Ordered the mercurial plasters to be removed, and the denuded surfaces to be frequently dressed with sweet cream. Directed an enema of warm salt water, which brought away a small quantity of fecal matter. At 7 A. M., pulse 120; pupil more natural; spoke, but not rationally; blisters seem to be quite painful; had them dressed with milk and bread poultice. Directed ℞ hydrarg. chlor. mit. grs. ix, div. in chart. No. 3, s, one every two hours. Also 2 grs. of carbonate of ammonia every two hours. She takes infusion of black tea freely.

Returned at noon and found her still quite restless from the blisters. Pupil nearly natural. Pulse 118. Recognized her aunt, but no one else. Continued the cold applications to the head. Ordered ℞ potass. bitart. ℥ss, div. in chart. 2, s. one every two and a half hours.

7 P. M. Very restless from blisters, with slight subsultus of extremities. Gave her a drachm of tinct. valerian, which relieved her for the time. Directed another drachm of tinct. valerian to be given, if necessary. Was called at midnight. Found her very nervous; pulse 115. Commenced using chloroform by inhalation freely, which soon relieved her; continued the chloroform during the night when necessary.

Friday, 24th, 3 A. M. Ordered enema of warm water, to be followed in 15 minutes by one of warm water and mustard. They acted moderately well. At 8 A. M., washed the blisters with rose water and dressed them with plasters of unguentum, zinci, oxidi. Continued carb. ammon. Ordered toast water, which she seems to relish and takes freely. At noon, pulse 106; more rational; blisters not so painful. Had her removed to an adjoining room. Her head being cool, discontinued the cold applications.

7 P. M. The change of rooms seems to have been beneficial. Pulse 100, and soft; skin cool and moist; mind clearer, though memory of

events somewhat deficient. Continued the carbon. ammon. with a small quantity of weak brandy toddy occasionally. Directed ℞ ricini ʒss, to be given at 9 P. M.

Saturday, 25th, 8 A. M. Castor oil acted well; pulse 104; skin cool: jaws slightly touched by the mercury; blisters improving; complains of her tongue, which is severely bitten. Directed a solution of alum to be used on the bruised parts. Ordered iv gtts. of mur. tinct. iron to be given three times a day. Continued the carb. ammon. and brandy. Toast water is the only nourishment she will take.

Sunday, 25th, 8 A. M. Doing well; pulse 98, and soft; tongue coated in the middle with white fur, which seems to be loose. Continued the same treatment with enema of warm salt water.

Monday, 27th, evening. Pulse 94; tongue cleaning off; bowels open; taking chicken water freely. Discontinued the carb. ammon. Continued the brandy and iron.

Tuesday, 28th, improving. Wednesday, 29th, convalescent.

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ON CERTAIN FORMS OF DISEASE OF THE URINARY ORGANS.

By I. L. Crawcour, M. D., Professor of Chemistry and Medical Jurisprudence, New Orleans School of Medicine, etc., etc.

(*Continued from March Number.*)

In our last we entered in some detail into the various symptoms characteristic of disease of the prostate gland and of the prostatic portion of the urethra; we shall consider, in the present article, the diagnosis and treatment of the various maladies to which this part of the urino-genitary apparatus is liable. It has long been the fashion to consider hypertrophy of the prostate to be the exclusive privilege of the aged, and in consequence, all its symptoms, when occuring in the young, have been ignored by the surgeon. I am convinced, from personal observation, that enlargement of the prostate is a very common disease among young persons, and that many of the symptoms of malaise, of reputed stricture, and of disordered health complained of by them are referable to this cause. It may exist either with or without stricture; but even when stricture does not exist, the passage of the urine is slow and the stream small. This is accounted for by the fact, that when the lateral lobes are enlarged, the prostatic urethra is flattened from side to side; its capacity, however, is not in the slightest degree diminished, nay, in some cases, it is enlarged, but its elasticity is much impaired, rendering the passage of the urine slow and impeded. In almost every instance of this kind a large catheter or sound may be passed without difficulty; it not unfrequently happens, however, that where this hypertrophy has been of long continuance, the mucous membrane at the neck of the bladder is raised into a firm transverse band, forming a bar or valve, interfering with the passage of the urine, and with the introduction of an instrument, which either strikes against it or rises over it with a jerk, giving a distinct impression to the hand of the obstacle which it has surmounted. In many cases, I have known patients suffering under this form of disease treated for stricture, and put under a course of treatment for a malady which existed only in the imagination of the operator. A case occured to me of this nature a few months ago. A gentleman whom I had treated for engorgement of the prostate was persuaded that he had stricture, and the surgeon in attendance endeavored to pass a large wax bougie. This was arrested at the prostatic portion of the urethra, and a smaller one passed with difficulty, and by dint of some force, into the urethra. It was triumphantly stated that nothing but a stricture could exist. I requested to be allowed to pass a metallic instrument, and without the slightest difficulty or pain to the patient I introduced a No. 10 silver catheter, the only sensation of obstruction being at the neck of the bladder, when the instrument leaped forward with a jerk, having, as it were, cleared an obstacle. I submitted that the case was one of enlarged prostate, the flexible instrument had not power to separate the flattened and inelastic walls of the prostatic urethra, nor to overcome the bar at the neck of the bladder, which was easily achieved by the rigid and unyielding catheter.

The causes of hypertrophy of the prostate occurring in young persons are many, but are all due to long continued and excessive excitement of the sexual organs. Among these, long-continued gonorrhea or gleet, stricture, riding on horseback, hœmorrhoids, may be considered as special exciting causes. Secondary ones are, suppressed gout and rheumatism, cutaneous eruptions suddenly repressed, and in one instance that came under my notice, the disease could only be traced to sitting upon a damp stone step. I believe, however, the most frequent cause, and one which unfortunately lays the foundation of disease at an early period of life, is

Onanism, which by constantly keeping up an unnatural excitement, and by requiring from the gland an increased supply of fluid, necessitates an increase in the glandular or secretory structure of the organ, producing a true hypertrophy, which may go on for years without inducing uneasiness, but when suddenly aggravated by cold, excitement, etc., becomes the subject of an acute or chronic form of inflammation, and thus makes known to the patient the existence of the disease under which he may have labored, unsuspecting, for years.

With regard to the treatment of hypertrophy of the prostate, we have two different classes of the disease to examine. In the true senile hypertrophy, little can be done beyond palliation of the symptoms and relief of the patient from the urgency of his sufferings, although even in these cases, relief may be carried to such an extent as to amount to a cure, in the estimation of the patient. In the form of disease occurring at an earlier age, I believe the cure may almost invariably be looked upon as a certainty. In the senile disease, one of the most distressing symptoms is an intense irritability of the bladder, frequently necessitating the patient's attempting to pass water every ten minutes, a few drops only passing, accompanied with great straining and agony; retention at length comes on, and the unhappy sufferer undergoes the most poignant misery. Hœmaturia is another, and not infrequent visitor, and the hemorrhage is not only difficult to check, but the clots of blood in the bladder impede still further the passage of urine, and add to the sufferings of the patient. The urine is almost always alkaline, loaded with muco-pus, and contains phosphates in large amount. As stricture is not often present, a tolerably large sized instrument can be introduced, the only difficulty being the obstacle presented by the enlarged prostate itself. This may be obviated by using an instrument with a large curve, and by the well-known manœuvre of withdrawing the stilet from the elastic catheter when it reaches the neck of the bladder. In my own cases, I lay it down as an invariable rule, that the patient shall never pass water except by means of the catheter, considering it an indispensable necessity that the bladder and urethra shall be kept in a state of as perfect rest as possible. The mere removal of the muscular efforts required to empty the bladder, in itself relieves immeasurably the sufferings of the patient. I treat the case on the same principle that I would a fractured or dislocated limb, perfect rest and quiescence being prime agents in the cure of both classes of disease. It is not good policy to allow the catheter to remain in the bladder, but it should be introduced at regular intervals, four or five times a day: and after a little while the patient easily learns to do it himself, and thus saves his medical attendant a deal of trouble. When there is much deposit, the bladder should be washed out thoroughly with warm water, containing a solution of opium, if there be much pain—laudanum and Battley's Sedative are both objectionable, owing to the alcohol they contain. A solution of the aqueous extract of opium, or a decoction of poppy-heads, will be found to fulfill every indication. When the urine is highly alkaline, or loaded with phosphates, the exhibition of phosphoric acid, or, what is still better, benzoic acid, will be attended with the happiest effects. The advantage of phosphoric, over the other mineral acids, consists in the fact that both sulphuric, nitric and muriatic acids coagulate albumen, and are not absorbed as acids, and consequently do not reach the urine. Phosphoric acid, not possessing this property, circulates as acid, and reaches the urine, thus acidifying it. Benzoic acid, in traversing the system, is converted into hippuric acid, and renders the urine more certainly acid than any agent we possess. Ten grains will render the urine acid in fifteen minutes after ingestion. The infusions of buchu, uva ursi, and especially the pareira brava, may be used as vehicles with the happiest effect. Sometimes, even when the urine is alkaline, the exhibition of the carbonate of soda, which seems to have a special effect upon the urinary passages, is attended with great benefit. According to Dr. Rees, the urine secreted too acid by the kidney, provokes an irritation in the bladder, producing mucus, and thus rendering the urine secondarily alkaline. By prescribing alkalis, this excessive acidity of the renal urine is diminished, and the irritation in the bladder ceasing, the secretion of mucus is prevented and the urine remains normally acid. An important adjunct to our treatment consists in the guarded exhibition of opiates, and, where there is great irritability and restlessness, with pain in the bladder, the use of Battley's Sedative, in the form of an enema, will be attended with instant relief. I am aware that very high authorities condemn, in unmeasured terms, the use of opiates in this form of disease, inasmuch as they may paralyze the bladder, and thus produce a fatal retention. As I do not allow my patients the use of their bladder or urethra until their symptoms have disappeared, I have never met with the grave accidents thus feared—and, in fact, have always had cause to felicitate myself upon the plan adopted. Another circumstance to take into consideration, is the exhibition of the opiate in a full dose. I frequently have administered, by the rectum, from one to two drachms of Battley's Sedative, even in persons of sixty and seventy years of age.

Treatment conducted on these principles, viz: the persistent and regular use of the catheter, irrigation of the bladder, opiates by the rectum phosphoric and benzoic acids, the guarded use of alkalis, and the buchu or pareira, together with a good, nourishing diet, with the careful employment of wine, will, I am confident, relieve almost every case in from a month to six weeks; and if the patient will only have the common prudence to empty his bladder thoroughly, once a day, by means of the catheter, he will escape all the horrors of that dreaded accompaniment of old age, viz: enlarged prostate.

A case illustrative of this occured to me in 1854.

I was requested to see Mr. J. B., a gentleman from New York, aged 65. He had been suffering for sometime with a constant inclination to pass water, and could only pass a very small quantity at a time. On his way down, a surgeon passed a catheter, and drew off his urine. This was followed by an immense effusion of blood into his bladder. This with great difficulty was drawn off, and further hemorrhage checked. When I saw him, he was exceedingly pale and debilitated, and complained of constant pain and desire to urinate, but was able to pass only a few drops at a time. The urine was of low specific gravity, 1.010; contained a quantity of pus, was acid, and coagulable by heat, (this may be due to pus). The kidneys secreted a large quantity of urine, the first portions of which passed clear, the latter portions consisting almost entirely of pus. The right testicle was somewhat swollen. Examining the prostate, per rectum, I found it exceedingly large, and pressure on it produced pain in it, and in the glans penis. With some little difficulty I succeeded in introducing a No. 6 silver catheter, and drew of about a pint of urine, having the characteristics as above. I injected the bladder with warm water and washed it out thoroughly, and ordered

Ext. buchu fluid, ℥iii, Syrupi Papavoris;
Tinct. Cinchona, aa. ℥iss;
Acidi gallici ʒi;
Mucilag acaciæ ℥vi. M.

Two table spoonsfull three times daily, and a pill containing quarter of a grain of blue mass, twentieth grain of strychnine and quarter grain of opium, night and morning.

I interdicted him from passing water at all by his own efforts, and drew off the urine regularly four times a day, washing the bladder out thoroughly with warm water night and morning. The treatment was chiefly tonic and alterative, consisting of quinine and the iodide of iron, with occasional mercurials and alkalis. In order to relieve the excessive agony under which he suffered, I usually left in the bladder, at night, when I left him, a fluid drachm of Battley's Sedative, in an ounce and a half of water. He suffered, also, from diarrhea, which much aggravated the pain at the neck of the bladder. I used first, an enema containing half a drachm of Battley's Sedative to three ounces of starch; but before this and the pain in the bladder ceased, I had to administer it in doses of two drachms. It produced no excessive narcotism, (although his age contra indicated the remedy,) but procured him a good night's rest, without headache the next day. He was under treatment about six weeks. His urine gradually became clear, and he possessed the power of retaining it four hours, and one occasion, eight. He acquired the power of using the catheter, and used to draw off his water night and morning. In the middle of the day he passed it without pain, by natural efforts. The prostate, also, contrary to my expectations, became much reduced in size, and the catheter he used was a No. 10. I had the pleasure of seeing him here last winter. He was then in the enjoyment of perfect health, and told me that, although he occasionally suffered slight inconvenience, still he was free from his old troubles, and was in the habit of riding much on horseback—a habit I considered injurious, and had forbidden.

The treatment of the disease occurring in younger persons, or those under forty, is as above stated, almost invariably successful. I cannot recall a single case in which benefit has not been received. One indispensable requisite for success is patience, both on the part of physician and patient. We must not forget, and it must be strongly impressed on the mind of the patient, that the period when symptoms first declare themselves is not that of the advent of the disease, but is only an indication of a certain maturity it has attained to—years may have elapsed (during which the disease has been constantly making progress) before pain or uneasiness are felt, and even these are sometimes only the result of a cold, or some accident, by which the malady has been rather suddenly hurried on some stages. To cure a disease of this character by a *coup de main* is an impossibility; much depends upon the part of the organ diseased, and whether it interferes or not with the exit of the urine. I think I have observed, that when the organ is generally tumefied, it yields more rapidly to treatment than when one lobe alone is increased in size, and of all forms of the disease that in which the middle lobe, as it is called, is diseased, is the most tedious and difficult to cure, and the one producing the most distress, inasmuch as it materially interferes with all the functions of the urinary apparatus. It is in this latter form of the disease that we have the so-called valvular projections into the bladder, sometimes amounting simply to a slight excresence at the neck of the bladder, impeding the passage of the catheter, which requires to have its beak much elevated in order to rise over the obstruction. I have seen in the museum of Guy's Hospital specimens of this form of disease, in which the middle lobe has reached the size of a hen's egg, projecting far back into the bladder, and producing almost total occlusion. Sir Charles Bell describes similar tumors, and gives engravings of them in his surgical observations, and a very excellent illustration may be seen in an early number of Lébert's Anatomique Pathologique, now in course of publication. I need hardly say, that when the disease has reached this point a cure is impossible. My observations have led me to the belief, that simple hypertrophy of the prostate, contrary to the general opinion, is a disease of very common occurrence, and I think we need not be surprised at it, if we consider the abuse and unnatural excitements to which this part of the sexual apparatus is subjected. As Adams justly observes, "there can be no doubt that ordinary gleety discharges frequently depend on an increased and altered secretion of the prostatic follicles alone, and hence the difficulty so often experienced in the cure of gleet by astringent injections." It is in these cases, I think, that the use of the bougie of sufficient size to fill and somewhat compress the urethra is beneficial. The treatment of the disease must be conducted on the same principles upon which we should treat any other enlarged gland, and here, as in other forms of disease, iodine is our sheet anchor, but to be of service must be administered in very large doses and for a considerable time. The three and five grain doses of iodide of potassium, are perfectly inert. I have found great benefit from the liquor potassœ, given in drachm doses, and although I have occasionally pushed the dose to two and three drachms, three times a day, and continued it for several weeks, I have never found the urine alkaline, and in one case only did the patient's health suffer. The binordide of mercury, in doses of a twelfth of a grain, with extract of conium, may be given for a long time without affecting the mouth, and is a most valuable preparation. A great advantage attending its use is, that it may be given in solution with iodide of potassium; of course no special rule of treatment can be laid down, each case presents a physiognomy of its own, and requires its own treatment. Where the third lobe projects it is absolutely necessary to pass a sound, and I invariably use a metallic instrument of the largest size the urethra can bear, passing it two or three times a week. This by depressing the promontory formed, gradually leads to a diminution in its size, and occasionally, I believe, to its absorption. In one instance in which I cauterized the parts pretty severely with the nitrate of silver, ulceration took place, and the valve was destroyed by this process.

I prefer the iodine itself to any of its salts, and I have given two grains in pill form three times a day, without any of the injurious consequences described in books, and with great benefit to the disease. I take the precaution of beginning with a small dose, say half a grain, combining it with a minute quantity of opium or conium and administering it, *always immediately after a meal.* In this way, its irritating effect upon the stomach is prevented and its effect insured. The solution of potash I give in drachm doses, in a full tumbler of water, or flaxseed tea, or sometimes in decoction of sarsaparilla or liquorice, either of which masks its taste, and it is not nearly as disagreeable a dose as has been supposed. Patients will take it easily for one or two months, and as I have before stated, I have rarely seen the urine become alkaline under its use. When there is much pain or pressure in the rectum, and where the prostate has a kind of fluctuating feel, I apply leeches, three at a time, two or three times a week to the perineum, or verge of the anus, and as the vessels of the gland are derived from the hemorrhoidal, we may in this way establish a consider able drain upon it. The use of the cold enema every morning is highly beneficial, it not only acts specifically upon the prostate, but by rendering the fæces liquid, prevents their affecting the gland by any injurious compression. Iodine, however, is our remedy, and we may either give it in the form recommended above, or as iodide of potassium in fifteen-grain doses in any vehicle we think proper. I frequently give the iodide of potassium and solution of potash together, before a meal, and give the iodine itself with the biniodide of mercury, in the form and doses above specified, after the meal. Of all forms, however, in which we can administer iodine, in this disease, that by way of suppository is the best, and I used to give five grains of iodide of potassium, with five of extract of conium, to be made into a conical suppository, and to be introduced into the rectum every night, or night and morning, if the patient could bear it. It is well retained, acts directly upon the gland and produces little or no irritation. Lately, however, I have discarded the iodide of potassium and have used iodoform, which possesses the important advantage of containing ninety per cent. of iodine, of being very soluble, and instead of producing any irritation, absolutely acts slightly as an anæsthetic, when introduced into the rectum. I prescribe twenty grains of iodoform, (equaling 18 grains of iodine) to be made into a suppository and which is to be introduced into the rectum every night. It produces no irritation whatever, in fact, is attended by a cooling, soothing sensation, and is entirely absorbed. One patient used this quantity night and morning for a week, (36 grains of iodine a day,) but suffered from constitutional symptoms, and discontinued it, but no local irritation was manifested. Its effect upon the enlarged gland is marvellous, and disease that has existed for years, seems to melt away before it.

(*To be continued.*)

SPECIAL SELECTIONS.

LECTURE ON CHRONIC ORCHITIS.

By Professor NELATON. Translated from the Gazette des Hopitaux, (Paris.)

The patient who occupies bed No. 27 in the male ward, is affected with a long standing and chronic disease of the testicle, on account of the obscure phenomena attending this case, it presents many points which render the diagnosis somewhat obscure.

By reviewing the symptoms which characterize the different diseases of the testis, this case will appear to be curious in itself, as illustrating one of the rarest and least known of these affections, viz: chronic engorgement of the testis.

The patient is aged twenty-six years; he appears to be powerfully made: in fact, his profession, that of a mountebank, requires considerable strength; for his principal feat consists in ascending an inclined plane on a large ball weighing twenty-five or thirty pounds.

About four years ago he contracted a gonorrheal affection, and we here mention it in order that it may be taken into account with the other attending circumstances. The gonorrhea lasted about four weeks, and was followed by inflammation of the epididymis. Since this time the testicle has remained much larger than before, and the patient, though not again affected with gonorrhea has, nevertheless, constantly felt some pain in urinating: afterwards, this pain was greatly increased, and several times the act of micurition was followed by a few drops of blood. About a month ago, an external injury was superadded to the previously existing disease. It appears that in the establishment to which he belongs, some animals are also exhibited. While attending on an Ostrich, he received a severe kick from this bird in the hypogastric region. Now a kick from such an animal would certainly give rise to severe accidents, and the patient attributes to this cause an exacerbation of his disease. He adds that about a year ago, he fell and injured his scrotum. All of this must be taken into consideration when considering the nature of such an obscure organic affection; that it is obscure will appear from a description of the diseased part.

The right testis, which is the only one affected, has increased in size, but not very materially, being about the size of a hen-egg. On first examination it appears smooth, but when carefully felt, it can be readily found to be somewhat irregular in shape. Nor is its consistency perfectly uniform, being hard in some points, and soft in others, but the limit between these two conditions is not distinctly marked, and the most careful investigation does not reveal any specific point of engorgement. Both in the epididymis and in the testicle itself, these indurated places can be felt. In front, the body of the organ presents a well marked fluctuating point, which appears to be owing to a fissure in the tunica vaginalis. The spermatic cord retains its natural consistency, and is not at all infiltrated or enlarged. The sensibility of the testis is greatly increased, and the slightest compression produces great pain.

Now, what can be the nature of an engorgement which has lasted three years and a half? This is certainly not the ordinary course of gonorrheal orchitis. There is no doubt that this species of orchitis existed at the beginning, but it cannot be maintained that it could have persisted all this time.

Perhaps this might be a case of hypertrophy of the testis: for the symptoms of the latter have some analogy to those which are presented by this case. But we must remember that hypertrophy of the testis generally affects both sides at once, and moreover, the organ is uniformly increased in size! Besides, hypertrophy of the testis is exceedingly rare in this country. By my researches on the subject, I have ascertained that this affection is seldom, if ever seen in France, whereas it is very common in the other hemisphere, and especially in South America. By looking over the published records on this subject, we find fifteen cases in that part of the world to one in Europe! Alone, this reason would not be sufficient, but combined with the physical appearances, we must unhesitatingly reject the supposition of hypertrophy of the testis. We must remember again, that the latter disease generally manifests itself in the period of growth, in the transition from youth to manhood.

Could this be a tubercular affection of the testis? Nothing in the examination of this young man, either in his general condition or in the particular diseased part would lead us to adopt this supposition; his robust frame, his herculean strength at once refute the hypothesis, his general health is excellent, he presents no symptom whatever of the tuberculous diathesis, neither the cough nor the expectoration, no sign whatever. Look at the life which he leads, marked by excesses of every kind, yet he bears it all very well. If it were not for the pain and difficulty in urinating, his disease would not affect him in the least. The local appearance of the organ is also very different from that presented by the tuberculous testis. The latter disease affects two forms which are entirely distinct: The tuberculous deposits are either, 1st. Accumulated in isolated masses of a certain size, and situated in different parts of the organ; or, 2d. Of miliary granulations in the substance of the organ: these granulations of about the size of a pin head, accumulate in enormous quantities, and by their increase may gradually give to the organ an exaggerated volume.

Could we have here either of these varieties? We can at once reject the latter form: for this kind of tuberculous testis generally develops itself with extreme rapidity, like galloping consumption, which is also characterized by the appearance of innumerable quantities of tubercles in the miliary state.

This rapid and abundant growth of turbercles is very rare, but when it does happen, it is very apt to mislead the observer. It will generally be taken for a case of acute orchitis, and some days may elapse before it assumes its distinguishing characteristics. But in this case the engorgement has lasted three years and a half—so that this form of turberculous degeneration is entirely out of the question. Could it be the first variety? Certainly not! For when we meet those large turbercular masses in the testis the health of the patient is generally far from good; and it is very rare to see persons subject to this disease having such a good constitution, or retain the physical appearance of this man. Moreover, these turberculous masses would not remain three years and a half without softening, suppuration and ulceration. For these reasons we cannot hesitate to reject the idea of a turberculous affection, in the same way that we eliminated the blennorrhagic cause and hypertrophy of the testis.

We have still three alternatives left.

It could be either a syphilitic affection, or an encaphaloid tumor, or chronic orchitis. Let us now examine these different morbid species.

In the first place would it be possible for this to be a syphilitic manifestation? It does not present the symptoms of the syphilitic testis.

In those tertiary forms of venereal disease which affect the testis, there is generally some effusion in the tunica vaginalis; in fact, the universality of the presence of liquid is such as to amount to a law! Moreover, when the testis is examined, either with the liquid when the effusion is not too great, or after puncturing, if the quantity of liquid require this step; then it will be ascertained that the surface of the testis is rough and uneven on account of numerous small elevations about the size of a grain of wheat, which are deposited all over the surface of the tunica albuginea. And then the testis presents that shape which is characteristic of the venereal affection; the testis being completely surrounded and overlapped by the epididymis, something like an egg-cup, or an acorn in its cupula! But in this case we have none of these symptoms, neither hydrocele, nor uneven surface, nor enlargement of the epididymis. And, moreover, it is extremely rare to see a syphilitic affection remain confined to one testis during this space of time; for generally after four, six or eight months, at the farthest, the other testicle will become affected in the same way. There is another sign which is very important. You will observe that in the testiary form of syphilitic testis, this gland loses its peculiar sensibility; and the patient can bear an amount of compression which in the healthy state would be utterly impossible. In fact, you would be astonished at the degree of compression which can be exercised on the gland without giving the patient any uneasiness. But here we have seen the sensibility of the diseased organ is greatly exaggerated. The man himself says he has never had any venereal symptoms, either primary or secondary, and this is certainly not a testiary manifestation. Not that we should put any great faith in these assertions on the part of patients as a general thing, but when they confirm the results of analytical investigation, it is well to give them some little weight in the pathological scale. We can therefore affirm that this is not a venereal affection.

Is it a cancerous degeneration? This is certainly possible at first sight. But this disease generally progresses with exceeding rapidity. An encephaloid tumor, will, in three or four months, attain four times the size which this case has reached. This fact alone, should make us reject the supposition of an encephaloid affection! Moreover, these tumors are more uneven and nodulated than the present case, and are often accompanied by thickening of the cord with engorgement of the neighboring lymphatics. We now come to the last supposition. Is this a case of chronic orchitis? And first, what is chronic orchitis? This is one of the most obscure questions in pathology, and on which the latest writers still leave many doubts and discrepancies. Look at Curling's treatise on the Testis, and you will find that what he describes as chronic orchitis, is nothing more than a turberculous disease of that organ. The principal anatomical character of this form of inflammation, says he, is the deposition of a peculiar yellowish product, homogeneous in appearance and devoid of any organic element. He describes two forms which this abnormal product affects, and these are nothing more than the two varieties which we described above as appertaining to the turberculous affection. He discusses the primitive seat of this disease, and concludes that it originates in the tubuli seminiferi. He adds that in one case where he excised the diseased organ, the epididymis was also considerably affected, that the globus major was filled with a soft though concrete mass, filling an irregular sinus into which opened a fistulous communication. The globus minor contained a similar deposit, but without external opening. He has, moreover, illustrated his description, by a good engraving. The author himself, foresees the objections which might be raised, and says that this is not tuberculous matter, but something entirely different! He admits that the term of yellow tuberculous deposit has been applied to this disease, but he condemns the term because it is apt to mislead one as to the true nature of this affection. But with all this, his description of the case is a faithful picture of the tuberculous affection of the testis; for he speaks of the diseased organ, of the softening of the tuberculous matters retaining, though he reprobates the expression; he describes the fistulous communications which are so characteristic of this disease, and also the adhesions which take place between the testis and the scrotum.

Unfortunately Curling has not confined his description to the tuberculous affection of the testis; he has mixed up with it the symptoms of the testiary venereal affection, viz: the syphilitic testis. Thus he speaks of loss of sensibility in the organ, and effusion in the tunica vaginalis.

But this is not all—he also combines with it a description of what has generally been designated under the name of fungus of the testis, this being an affection in which the inflammatory process causes the rupture of the tunica albuginea, and consequently protrusion of the vasa senimiferi; the vegetation which thus takes place externally producing the fungoid growth. So that in his description we find a little of every thing: tuberculosis, syphilitic testis and fungus of the same organ, all of which, certainly tend to obscure the question instead of elucidating the subject matter. Thus it is that in all which has been written on chronic orchitis, there is much confusion, and nothing characteristic of the disease. Nevertheless, I still believe in the existence of this disease, though, it is undoubtedly very rare. In these cases the testicle becomes inflamed, and an exudation of plastic lymph takes place, quite different from tuberculous degeneration. This infiltration deposit may be absorbed without suppuration, but on the other hand it may continue during a considerable time, as we see in inflammation of the epididymis, and then the whole organ continues in a state of permanent engorgement.

I think that the case under consideration is an example of this kind. The inflammatory action has been kept up in the testicle by the irritation of the urethra, and this state has finally brought on the chronic engorgement of the gland which is cognizable by the touch.

In relation with this subject, a singular fact has been observed among those patients who are affected with this disease. The spermatic secretion is sometimes altered in its physical properties; it assumes a reddish or roseate hue, resembling gooseberry jelly. This circumstance being somewhat curious, I have attentively observed some of these patients, in order to see the result of the disease; I have been thereby enabled to ascertain that the change of color in the spermatic secretion may continue during three or four months without preventing sexual intercourse; then it gradually disappears, and the sperm resumes its normal appearance. Nor does this change affect their virile powers, for some patients who did not renounce their marital rights, have begotten children while their seminal fluid presented this abnormal condition. It has been said that children begotten under those circumstances generally present some peculiarities, such as red marks on the skin, etc. But these are idle stories entirely devoid of foundation. I have made some investigation in order to ascertain if this circumstance has been observed by other writers, and I found that Sweidaur met with some patients who presented this peculiarity, and they were much frightened by the circumstance.

What is the treatment to be followed in this case? The first indication is to remove the cause of engorgement, viz: inflammation of the urethra. There does not appear to be any stricture, only a little pain in micturition. The bladder is not much affected, the urine presents no abnormal deposits.

Leeches have been applied to the perineum in order to diminish the local engorgement, we have also given him tepid baths to be repeated daily. After that, the treatment should be continued by revulsive applications, and among these the Tartar Emetic ointment is to be preferred to Cantharides, for the latter might act on the bladder, and produce inflammation of that organ.

We can very confidently expect that this course of treatment will relieve the inflammation of the urethra, and consequently the chronic irritation of the testicle which is dependant upon it.

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EDITORIAL AND MISCELLANEOUS.

Meeting of the American Medical Association at Nashville.—The late Annual Meeting of this great Association was not as well attended as usual, nor were its proceedings characterized by anything of especial interest or importance. There were Delegates present, it seems, from 23 States, but we regretted to notice the paucity of the more distinguished members of the profession of nearly all the large cities of the Union. We did not expect this—but, on the contrary, thought that with the present facilities for travel, the physicians of the North and East would not omit so favorable an opportunity to visit their brethren of the South. We felt assured they would be most heartily welcomed, and we wished them to see how sectional jealousies can be overwhelmed by Southern hospitality. We know not how to account for the non-representation of more than one of our Southern cities, in which can be found some of the ablest men in the profession, and in one of which there exists a flourishing Medical College. But it is not our business to discover a reason for this—we only allude to the general surprise that was expressed. We had hoped that the expected meeting of the Association at Nashville would have excited sufficient interest in the profession to call forth a large delegation from the South ; but such was not the case : the South still holds herself too much aloof from associated efforts to advance medical science ; yet we trust the day is close at hand when she will be fully aroused from her lethargy, and realize the importance of fostering home institutions and literature.

At Nashville, we missed many familiar faces that we had never failed to meet in our previous attendance on these glorious reunions, and saw many who made their first appearance in the halls of the Association. The absence of experienced members served in no small degree to lessen the interest of the proceedings, and gave rise to the introduction of suggestions and resolutions which could only have emanated from those who were not familiar with the previous transactions of the Association. The only discussions at all animated, were on matters of minor importance, and elicited developments that were not very creditable to the dignity of the body.

A good many of the standing committees failed to report; others gave a synopsis of Reports which were referred to the committee on publication. The most interesting and elaborate report presented was that of Dr. D. M. Reese, of New York, on "*the Causes of Infantile Mortality.*" The doctor had prepared a synopsis that excited deep interest, as far as he went, but, unfortunately, owing to the presence of ladies in the galleries, he was compelled to withhold the development of many startling facts relative to the disgusting vices of "*modern Gotham.*" And here we must be so ungallant as to declare our disapprobation of allowing the presence of ladies at the deliberations of this Association. We doctors indulge in no eloquent debates calculated to interest them, but on the contrary, we often have to discuss matters not very suitable to "ears polite."

In Nashville we had a repetition of those splendid and costly entertainments which the Association has been endeavoring to *suppress* for several years past. There are certainly many serious objections to them in a business point of view, but at the same time they are so very agreeable, so creditible to the citizens of the place and so flattering to the profession, that one can hardly have the heart to condemn them.

God knows our noble profession is allowed little enough of the *glory and good things* of this life, and it seems hard that we should deny ourselves the enjoyment of these annual festivities; but, at the same time, we must not forget the high objects of our calling—the cultivation and extension of knowledge that is to benefit all mankind. The attentions and hospitality displayed on this occasion, by the citizens of Nashville, have not been surpassed by any city where the Association has met.

The private entertainments given by members of the profession, and other citizens, were truly elegant; they lacked no luxury the land could afford, and were lavishly adorned with the brightest gems of beauty. To particularize would be unjust; each exerted himself to excel, and every effort was crowned with success.

But the grand ball in the Capitol surpassed anything ever seen in the great West. Aye, we have heard "traveled men" say since, that it is unsurpassed in their recollection. Only think of three thousand gentlemen and ladies assembled in those grand halls, laughing, talking, dancing, promenading, and displaying to the best advantage whatever each one possessed of wit, good humor and good looks! Ah! t'was a glorious sight, and one long to linger on the memory of each one who participated. Nashville! well mayst thou boast of thy hospitality and beauty: you can never be surpassed.

It was decided to hold the next meeting in Washington City, the national, neutral ground, where many think it ought to be permanently established. On this point and some others, we have a good deal more to say, but, for want of space, we must defer it until our next number.

MEDICAL SCHOOLS—NO. 3.—*The Medical Anaconda.*—We have before us a pamphlet entitled an "Introductory Lecture on Medical Education, delivered at the Philadelphia College of Medicine, March 9, 1857; by Henry Hartshorne, M. D., Professor of Theory and Practice of Medicine." At the present moment this subject of Medical Education seems to be engrossing the attention of the profession from Maine to California, and, although all that has been said and done thus far amounts to nothing but "fuss and feathers," and the stirring has only rendered the pool muddy, still we believe that good will eventuate, and we say—go on, gentlemen; speak, write, lecture, declaim, or in any way you please, deliver yourselves of your "peculiar views," and let's have all the valuable suggestions, so that the long heads may be knocked together as soon as possible, to effect the loudly called-for *Reform.*

And yet, it is very tiresome to wade through all these learned disquisitions to prove that black *is* black, and ought to be bleached forthwith. In our April number, we quoted some very valuable suggestions in relation to Medical Education, offered by the editors of the North American Medico-Chirurgical Review, and then took occasion to remonstrate against the prevalent system of preaching one thing and practicing another. The editors of the Review preach reform in deafening accents, and in glowing colors, paint the brilliant future of that aspiring school, which shall first raise the glorious banner, and yet they stubbornly *practice* the very reverse of that which they preach; indeed, they pursue a system of medical teaching which they, themselves, pronounce "*preposterous*—in violation of all laws of health, physical or mental." It is their duty to teach our youth how to preserve the physical and mental health of our race, and yet, whilst they are pouring into their delighted ears the fascinating *words* of wisdom, they practice in their faces that which they say, is "*preposterous*—in violation of all laws of health, physical or mental."

And now we have the same old tune played over again, with, perhaps, a few variations to make it appear new. We have another Champion for reform in the person of Professor Hartshorne. He makes the welkin ring with words about what medical schools *ought* to be, and yet pulls straight along in harness with a team of the regular old-line, sixteen-weeks professors. Aye, worse than this, he says in one place, "the present mode of crowding so many subjects into a short time, six lectures a day (a meal for a mental *Anaconda*) is disadvantageous"—and yet, in another part of the same lecture, he refers to a reformatory (?) move on the part of his college—viz: its summer course of *sixteen weeks more*, and this, too, thrown into the cage before the *anaconda* has had time to rest from the herculean effort at digestion of the first meal. The only difference we can see in this respect, between Dr. Hartshorne and the other sixteen weeks professors is, that he likes to stuff two sets of anacondas per annum, whereas they stuff but one; or, if Dr. H. receives into his summer school an anaconda that has just swallowed a meal, (a winter course of sixteen weeks) his practice is doubly "*preposterous*—contrary to all laws of health, physical or mental," as the animal's digestive powers must then be taxed beyond all endurance. By the by, will some one well versed in natural history tell us whether anacondas are capable of emesis. If so, then we can account for their living through two such meals. We once had a patient whose appetite surpassed all belief, and at whom strangers would stare, and wonder how she managed to digest all that they saw pass into her stomach. Only her intimate friends knew that she ejected her meal as soon as she left the table, retaining only enough to support nature.

Out on such tom-foolery! This is not the first time that we have seen the tobacco chewer declaiming against the use of the weed, whilst his stained saliva was bespattering the white linen of the little crowd he harangued. One ounce of good example, gentlemen, is worth all the pounds of precept you are capable of belching forth. What can the matter be in the great "medical metropolis," that three medical schools, out of four, seem entirely agreed that reform is necessary—that the sixteen-weeks system is "preposterous, etc.," and yet, all seem to be afraid to begin the reform. Or, may be, as the old saying goes, "one's afraid, and the others are glad of it." What are you afraid of? Not of the *anaconda;* for we know enough of him, to affirm that he is alive to his own interests, and the more you do for him, the better satisfied he will be. He is greedy, but he can be over-stuffed, and prefers the profitable enjoyment of a meal for which he pays full price. Allow us, then, to cheer you in your trepidation; you are on the right way, only you are afraid to step; you are afraid to "take the bull by the horns." If you are all so well agreed in Philadelphia, as to the necessity for reform (we say all, because we believe firmly that the old University is ever willing to fall into line,) have a little local convention amongst yourselves, pass resolutions, and come out like men for the *practical* establishment of the six months course. You will succeed, and then you will have the gratification of knowing that you were the first to properly comprehend the wants and requirements of the *anaconda.*

FACTS STIFLED BY UNRELENTING THEORY—*A Stumbling Block placed in the way of the Inexperienced*—In treating of the "Nature and Uses of Theories and Hypotheses," Laycock says: "If Columbus had not had a geographical theory of dimly-conceived western lands, and the great kingdom of Cathay, he would never have set forth on his voyage of discovery. Without theory, Harvey would not have unfolded the circulation of the blood. Without a theory, the grand laws of the universe would not have been revealed to Newton, and this Newton knew well."

Again, under the head of, "Fallacious Use of Theories, as Truths in Investigation," he says: "But there is another important source of error, of a somewhat antagonistic character to the last mentioned, which you should also guard against, and that is, that bias of the judgment which leads to the retention of theories and hypotheses, as if they were truths. You will already have comprehended that a theory is a means to an end only, namely, the progressive discovery of the order of events. It has been likened to the scaffolding of a building, which is in progress, and, which is pulled down so soon as the work is completed. Or truth may be compared with a besieged fortress, and theories considered as the trenches opened against it—each parallel being deserted so soon as it has served its purpose—that of enabling the besiegers to open the next. It is just as fundamental an error in science to retain those theories, as if they were truths, as it would be in war to retain the trenches, as if they were the captured fortress."

So much, then, to show that theory is absolutely a necessary implement in the hands of him who attempts to dig out the truths of science, and that it is, at the same time, an implement capable of inflicting serious injury on the truth we are in search of, as well as on the individual who uses it, if it be handled awkardly. We quote below the report of a case, clipped from a late exchange, furnished as illustrative of the importance of "Blood-letting in Tedious Labor," and will endeavor to show to the more inexperienced of our readers, how easy it is to build up a castle under the magic wand of Queen Theory.

"Case 1st. At 3, P. M., Thursday, October 3d, 1850, I was called to visit a negro woman, the property of Mr. B. S., of Yazoo Co., Mississippi. The woman had been in labor since Sunday, the 30th September, nearly ninety-six hours. I was informed by the attending midwife, that her labor had been very hard and constant since about midnight of the 30th ult., until 10 o'clock, A. M., of the day on which I saw her.

The patient was the mother of four children, and had no difficulty with any of her former labors.

On examination, I found the vertex presenting in the third position, preceded by the left hand and right foot. (A similar case is mentioned by Dr. Meigs in his work on Obstetrics, page 394, figure 74.) There was no contraction of the uterus; the woman lay perfectly quiet, and complained of nothing but soreness of the abdominal parietes upon pressure with the hand. Pulse 80 per minute, weak, soft and easily compressed. Bowels and bladder had been sufficiently and easily evacuated. By careful exploration I easily ascertained the os uteri to be soft and dilatable. Indeed, her condition, although not what is recognized as a state of exhaustion, was far from one of hyperæmia.

What should I do? If the first condition, that of exhaustion, had been present, to have bled would have been unpardonable ignorance; but if the latter, hyperæmia, I should have been justified in resorting at once to the lancet; but as neither condition could strictly be said to exist, I was at a loss how to proceed. But arguing that, although the labor (according to the testimony of the midwife) had been powerful, the contraction of the fibres of the womb had not been complete and in unison, owing perhaps to undue rigidity of the fundus of that organ, which the loss of a few ounces of blood might relieve, I proceeded carefully to abstract from the arm about ten ounces of blood, having first guarded against danger of prostration, by procuring a bottle of brandy, and administering a small portion. The pulse suffered no diminution of force, but on the contrary, rather improved in volume. I then applied to the entire abdomen flannel cloths, wrung out of hot vinegar and water, for the space of ten or fifteen minutes, when, by dipping my hand in cold water, and applying the open palm to the region of the womb, I easily brought about a strong contraction of that organ, whilst at the same time I made firm resistance with the left index finger to the descent of the foot, until at the expiration of the second pain, it ceased to obtrude. The pains continued to come on finely, and in about half an hour from the time of bleeding, she was delivered of a *still-born* child.

The woman had a good getting up, no untoward circumstance supervening to retard her recovery. She has since borne two children.

Could the descent of the foot and hand have been the only cause operating to retard labor? I used no efforts to change the position of the child, more than the force necessary to prevent the descent of the foot after re-establishing uterine contractions. The head was sufficiently engaged in the lower strait of the *pelvis* for it to have had an easy exit, if the contractions had been of the right kind; they were strong, powerful, but the muscular fibres were not *all* engaged at the *same* time."

Here, then, is a patient who has been in labor 96 hours; the vertex presents, but one hand and one foot precede it; the labor has been "very hard and constant," up to within five hours of the arrival of the physician, but he finds "no contraction of the uterus;" the patient is "perfectly quiet;" she has a "pulse 80 per minute, *weak, soft and easily compressed* (we italicise;) her condition is "not what is recognized as a state of exhaustion," nor is she at all plethoric (we do not think the reporter's term, "hyperæmia" at all applicable.) In addition to all this, the soft parts are all in good condition.

Now, at once the question arises, what is the *cause* of all this delay and trouble? To the practical man (we mean the man who has studied the application of theory to the development of facts) the cause seems clear as the noon-day sun; the hand and foot in advance of the head *must* be the *fons et origo:* a head may pass through the entire pelvis with simply a hand in advance—though the accoucheur is ever unwilling to risk them together—but it is altogether improbable that the head can progress with a foot, too, in advance of it. What, then, must be done in the way of removal of the cause—as on this depends relief? First, the uterus appears fatigued, is not contracting, indeed, has been resting for five hours: of course, it must be aroused. Will blood letting alone arouse it? We think not. Will sudden alternations of heat and cold? In all probability. We give our patient a little brandy and water, we apply warm water to the abdomen, then a sudden splash of cold water, labor pain comes on, we push up the foot which is in advance of the head during the recurrence of the pains, and in a few minutes the woman is delivered. Or, what is simpler still, when we are first called in, and while the uterus is inactive, we push the foot and hand above the head; whilst manipulating, the uterus is aroused to action, and the same happy result ensues. This is a picture drawn from actual routine obstetric practice. The cause is clear, well defined, and the practice is in the highest degree satisfactory.

But, in the case we have quoted, the reporter has done all that we have proposed, and something more. He has a pet theory to subserve, and he runs a risk, or the woman does, in order to indulge his fancy. Without *knowing* anything about the past contractile condition of the uterus, and strangely ignoring the patent, and first and only immediate cause of the delay, he rides back into the dark alley of the past ninety-six hours on his hobby, Theory, and says that there are some fibres at the fundus uteri, which have not acted in unison with the muscle generally, and these must be lashed into service by the lancet! He bleeds, and the woman is delivered; but did he only bleed? Did he bind up the arm, and then say to the fibres of the fundus, act? No, Theory had placed a blindfold over the eyes of reason, and if things had ended here, the patient must have continued to suffer; but instinct (the reporter will not allow us to call it anything else) steps in, and prompts manipulation and alternate temperatures, and the sufferer is relieved.

If bleeding was to cause the delivery of the child, why resort to alternate heat and cold, and manipulation? Does not empty Theory quail before the searching question? Moreover, will the reporter be willing hereafter, in similar cases, to dispense with manipulation and alternate heat and cold, and rely on bleeding alone? Our head for a foot-ball, he will not.

The reporter cites two other cases in support of the bleeding theory. The deliveries were certainly *post hoc*, but it is another question whether they were *propter hoc*. We have not room to discuss them.

But why did we take up our pen? Simply to warn our readers *against* bleeding in tedious labor, in order to overcome an imaginary delinquency on the part of some of the uterine fibres, whether they be located at the fundus or elsewhere. Aye, and more than this. We would urge on our readers a rule in obstetrics, which will ever be found invaluable. When the cause of trouble is *patent*, direct your means to meet the indicated end, and hold the imagination for those cases wherein the trouble is so far removed from the scrutiny of the senses that we *must* call in the assistance of theory. One fact is worth a thousand theories; in other words, if the head of the child be retarded, as in the case reported, it becomes sheer wantonness to *imagine* the delinquency of certain uterine fibres, as the prime cause of the trouble.

There are, doubtless, cases of tedious labor, which require the lancet, but our experience tells us that they are few and far between. What the indications for bleeding are, we will not attempt to recapitulate here. One thing, however, we are willing to have decided by the reader; and that is, whether bleeding was not really *contraindicated* in the case of the reporter which we have cited in full. The fact of no apparent harm resulting to the woman, is no argument at all in favor of the applicability of the lancet. We assert, without fear of contradiction, that the woman could have been relieved as promptly *without* venesection, and we are sure that an individual who had labored 96 hours, whose pulse was only "80 per minute, weak, soft and easily compressed," who had still to run the chances of post partum hemorrhage (which chances are always increased by tedious labor,) and to whom it was actually thought necessary to primarily administer brandy, in order to have her "guarded against danger of prostration," should *never have been bled*. The reporter indulged a pet theory at the risk of the life of the patient, and he got out of the scrape luckily. Let no reader of the case be seduced into like practice. The happy result was partly *post hoc*, but in no sense of the words *propter hoc*. There is not, in the case, even a semblance of cause and effect.

VERATRUM VIRIDE.—In our last number we began an abstract of the opinions of medical men, as expressed through our journals, as to the value, etc., of Veratrum Viride as a remedial agent. We propose now to complete the task, and trust our labor may prove of some value to those at whose request we assumed it.

In the New York Journal of Medicine for September, 1855, Dr. Saml. Grisson, of Ann Harbor, Michigan, says he has used the veratrum viride on but two cases. The first was a case af "typhoid fever, so-called, although the enteric symptoms were almost entirely absent." The remedy exerted no apparent effect on the disease, and did not diminish the number of pulsations. The second case was one of pleurisy. The pulse was promptly reduced from 120 to 96, and then to 60, by 4 drop doses given every hour. The patient (a lady of 26 years) had, in the beginning, violent palpitation of the heart, but the first 4 drop dose sensibly diminished it.

In the Nashville Journal of Medicine and Surgery for July, 1855, Prof. C. K. Winston furnishes a paper on veratrum viride. He thinks veratrum viride perfectly capable of reducing the pulse from 130 to 40 beats, and with entire safety to the patient. He says it is peculiarly adapted to the treatment of pleurisy, pneumonia, rheumatism and bronchitis. Seems to think it almost as efficient in these as quinine is in malarial fevers. He does not think it so efficient in inflammatory diseases arising from a specific virus. He gives 5 or 6 drops of Norwood's tincture (which he says is no better than any other well prepared tincture) every 2 or 3 hours, increasing 2 or 3 drops at each repetition. It is continued until the pulse subsides or nausea is induced, and is resumed *pro re nata*. Dr. W. cites cases to sustain his conclusions.

This paper was read before the Tennessee Medical Society. At the time, Dr. E. P. Connell remarked that veratrum viride and veratrum album are almost or entirely identical in their effects on the economy, and cited a case under the care of Trousseau, in Paris, in which the veratria was given to cure rheumatism, and with entire success. It is given in pills containing one twenty-fifth of a grain each.

Professor Eve remarked that his experience with veratrum viride was limited, but he was inclined to think its sedative action, like that of tartar emetic and similar agents, due to the degree of nausea produced.

Dr. Ford had seen the action of the heart often controlled by the remedy *without* nausea, though nausea was a common effect.

In the September, 1856, number of the Western Lancet, Dr. L. B. Slater, of Rochester, Illinois, furnishes an interesting article on the use of veratrum viride in cynanche trachealis. His deductions from a case cited are, that the remedy readily produced emesis when the ordinary remedies failed, and that it also controlled the action of the heart and arteries. He thinks the remedy can be confidently recommended in cynanche trachealis, after the stomach has proved insensible to other emetics. The only objection is, that 6 or 7 hours are required to produce this effect. He recommends it in all cases of frequent, irregular pulse, with disposition to reaccumulation of mucus in the bronchial tubes.

In the July, 1856, number of the Atlanta Medical and Surgical Journal, Dr. Isham H. Ragan, of Lithonia, Georgia, says—that, although he is not prepared to grant all that has been claimed for veratrum viride, still he thinks it entitled to rank amongst the best of medicines. He thinks, that when used appropriately, we have no remedy more apt to produce the effect for which it is given. As to its being a dangerous remedy, he thinks not, if appropriately used. He has never seen alarming symptoms developed from its administration. He thinks it highly valuable in the treatment of inflammatory diseases. Says it does, without doubt, reduce the action of the heart and arteries more effectually than tartar emetic. With tartar emetic, in bad cases of pneumonia, he has failed always to reduce the pulse to the natural standard; with veratrum he can reduce the pulse below this with ease. After the first few doses, the nauseating effects of veratrum are lost; not so with tartar emetic. Once the system is under the influence, the pulse is thenceforth at the command of the practitioner. It does not effect the bowels as tartar emetic does. "We have often used the veratrum viride in the incipient stages of pneumonia, and have seen the disease removed almost like magic." Also in the subsequent stages of this disease he has seen it act well. He has seen the remedy fail, like all others. He has used it in bronchitis, puerperal fever, etc., with entire satisfaction. "And in typhoid fever complicated with pneumonia, we know of no medicine half so valuable." He has not found it so beneficial in the simpler form of typhoid fever. "When the physician who judiciously uses the veratrum viride as an arterial sedative, and at the same time expects no other very important result from it, and also uses other remedies to meet other indications, we think will not be disappointed, but will find it a valuable medicine in the treatment of disease of an inflammatory nature."

In the March, 1857, number of the same Journal, Dr. V. H. Taliaferro, of Atlanta, Georgia, says that he believes Dr. Norwood, of S. C., "has added an imperishable boon to the profession in thus bringing before them a remedy of such inestimable properties." Dr. T. is more enthusiastic about the remedy than any of the writers we have quoted. He says all that they have said, and more. He does not think it a dangerous remedy in the hands of the physician, yet he thinks it quite capable of killing. He cites the instance of a physician in Atlanta swallowing an ounce by mistake, "at one draught, attended only with extreme nausea and vomiting, and some difficulty in breathing."

"It seems to have no tendency in inordinate quantities, to inflame the stomach, as most emetics do." "It is superior to the use of the lancet, because its effects are more decided, and the "vital fluid" is retained, carrying on its important office of conveying nutrient material to the various tissues, which is an important consideration in protracted cases of disease."

Finally, in the March 19th, 1857, number of the Boston Medical and Surgical Journal, Dr. A. Livezey, of Lumberville, Penn., says—"My experience and observation of the effects of veratrum in morbid action, enable me to speak of it as one of the most certain (sedative) diaphoretics belonging to the materia medica; as an unsurpassed expectorant in all diseases of the respiratory organs, attended with much feverish or inflammatory action, and where this class of agents are indicated; and as an invaluable *arterial sedative*, for which property it stands unequalled and unparalleled among all the therapeutic agents." He recommends it in inflammatory croup, pneumonia or pleurisy, etc."

Thus have we brought together a summary of what has been said on the subject of veratrum viride in the journals at our command. The weight of evidence is largely in favor of the remedy, and we are sure there is too great a prejudice against it amongst the majority of the profession. Will not our readers try it freely, and give us the result of their experience?

TOBACCO.—The May number of the London Lancet has six pages filled with short articles on the subject of the use of tobacco. Somebody contributed an article which was "down on" tobacco. The author attempted to prove that the weed was injurious to the human race, and he has brought the Lancet's correspondents, from all quarters, "down on" him. For our own part, although we never tasted a piece of tobacco in our lives, and, therefore, have no prejudice to subserve, we think all such controversies futile in every sense of the word. Tobacco has a hold on the human taste that can never be eradicated; we might just as well try to reason the world into the belief that tea and coffee obtund the intellect, and war against the physical well-being. We do not pretend to argue the question, whether or not tobacco does consume its own consumers. All we can say is, that we know very few men (and we might, in this country, say boys, too,) who do not either chew, smoke or snuff, or do all three, and we are not sure that there is any more health, proportionately, among the few than among the many. Some persons think that tobacco ought to be *es*chewed, because it is "a dirty practice;" yet, this is all a matter of taste. We "lords of creation" will not let the ladies chew, smoke and snuff, (though some of them will "dip" occasionally,) because, say we, it is a "filthy practice." In other words, we tell them, "what's good for the gander is not good for the goose (we say, geese all around.) But is it not strange, that in spite of this inconsistency, the majority of ladies seem to like the consumers of tobacco? We often hear young ladies express a preference for a young man who smokes or chews—especially the former—though married ladies say nothing about the chewers. Sometimes we have thought that this is all a matter of policy on the part of the ladies—we believe it is. In the great lottery wheel of matrimony, the consumers of tobacco predominate vastly; the ladies know their chances to draw one, are ten thousand to one; nobody dares to say which are the prizes, and which the blanks, and, of course, each lady tells the world she has drawn a prize.

PROF. J. B. FLINT AND HIS CRITICS.—The editor of the Western Lancet has freely criticised the late introductory lecture of Joshua B. Flint, Prof. of Surgery in the University of Louisville, and charges the professor with down-right plagiarism. Well, "so far, so good;" if Dr. Flint did plagiarise, Dr. Blackman has a right to tell him of it, and so has the editor of any other journal in the country, except—the North American Medico-Chirurgical Review. This latter journal takes especial pains to quote extracts from the Western Lancet on the subject, and prefaces them with some original remarks of anything but a delicate nature. Now, seeing that the editors of the Review have so recently been connected with the University themselves, and no doubt had her every interest deeply at heart, and seeing that they have been promoted to big Northern schools; we think they ought to have been too independent, too charitable, too magnanimous, to have thus thrust the poisoned dagger into the Louisville school. The act is more than indelicate; it is decidedly gross. Wonder if it will carry any of the patrons of the Louisville school to Philadelphia. We think not; but we shall see.

But why have we touched this delicate subject? Perhaps it is necessary that we should explain. It is not that we have an especial care as to who falls in the personal contest; but we think one of our best Southern schools is at least indirectly assailed.

METCALFE ON CALORIC.—We notice in the late number of the North American Medico-Chirurgical Review the announcement of the death of Dr. Samuel Metcalfe. This is the first intimation we have had of this sad event, notwithstanding it occurred on the 17th July, 1856. For a man of such sterling worth, the reputation of Dr. Metcalfe was not as widely spread as he deserved. The editors of the Review are right when they say "his great modesty prevented him from seeking a situation which would, doubtless, have secured him a high position in the scientific world, as a teacher." He was, in every sense of the word, a modest man, and ever shrank from collision with the world. The writer of this, made his acquaintance rather more than ten years ago, during his student's life in Philadelphia, and was then induced to read his work on Caloric. His acquaintance with the man was comparatively limited, but it was productive of the highest degree of pleasure; of his work, too much cannot be said in the way of praise; no one can read it without profit, or without being satisfied that it is the production of a master mind. We are happy to know that an American edition is about to be published. Dr. Metcalfe was too little known by his countrymen, and it is strange, indeed, that such a work as his should only exist in English print. Dr. M. was a native of Virginia, but removed to Kentucky at an early age, and when we knew him, if we remember rightly, he claimed to be a citizen of the latter State.

AMERICAN CHEMICALS.—It is gratifying to notice the great excellence at which manufacturers have arrived in this country, in the production of the finer description of chemicals, and it is not to be denied that these are commanding a higher degree of confidence than those of Europe. This is in some measure, perhaps, to be ascribed to the limited number in this country, who not only have the highest reputation, but any adulteration o their products would immediately be exposed by our pharmaceutical journals and colleges, whose vigilance is constantly testing their preparations, while, on the other hand, we are exposed to receive the foreign productions on trust from irresponsible parties.

Our attention has, at this moment, been attracted to this subject from observing a special notice from the "Maryland Institute for the promotion of Mechanics and Arts" of the extensive laboratory of Rossengarten & Sons, of Philadelphia. Some few years since they were highly complimented by the London Lancet, for the excellence of their sulphate of Quinine, a large quantity of which had been exported to Europe.

On the present occasion, they have been awarded the gold medal, with an appropriate explanation.

NAVAL MEDICAL BOARD.—At the recent session of the Naval Medical Board in this city, about sixteen or seventeen candidates were examined, and the following gentlemen have been reported to the Department at Washington as having passed a satisfactory examination: Algernon S. Garnett, of Va.; Frederick Van Bibber, of Va.; John W. Sanford, jr., of N. C.; H. B. Trist, of D. C.; Thomas J. Charlton, of Ga.; Charles Lowndes, jr., of Maryland; and Charles E. Lining, of South Carolina.

This is a much better show than was made by candidates before the army board lately in session at St. Louis.

THE FISKE FUND PRIZE, awarded by the Rhode Island Medical Society, for 1855, has been obtained by Edwin Lee, M. R. C. S., of London. The dissertation is on the effects of climate on tuberculous disease, and is published in the American Journal of the Medical Sciences, for April.

EXCITO-SECRETORY SYSTEM OF NERVES.—We have been much interested of late in reading the claims of Dr. Henry Frazer Campbell, Prof.

of Comparative Anatomy in the Medical College of Georgia, to the discovery and naming of the so-called *Excito-Secretory System of Nerves,* lately announced by Marshall Hall. We have not room to discuss the question here, but we have taken the pains to read both sides of the question, and we believe Prof. Campbell to be ahead of Mr. Hall this time. We await with interest the reply of Mr. Hall to Prof. Campbell's letter.

Pathological Specimens.—The Western Lancet says: Dr. Goadby recommends the following for preserving fresh pathological specimens, and says that the color is better preserved than by alcohol:—Rock Salt, ℥ij; Nitrate of Potash, ʒij; boiling water, ℥iv; mix and filter.

Cleaning Bones.—Recipt of Professor Hamilton, of Buffalo:

℞	Chloride of Lime	℔j
	Bicarbonate of Potash	℥j
	Water	gal. ij ♏

Oxide of Zinc in Profuse Sweats.—Through the pages of the Boston Medical and Surgical Journal, Drs. Abbot and Jackson strongly recommend this remedy. Dr. J. recommends it not only in phthisis, but rheumatism. He has given seven to ten grains, repeated in three or four hours if necessary.

Significant Silence.—The Western Lancet says it "will be silent" on the subject of our publishing "Aphorisms on the Hygiene and Nursing of Infants," translated from Bouchut, for the Western Lancet, by J. C. R., of Dayton, Ohio. We suppose "it will be silent" when we explain, that we make every reasonable effort to induce our printer to credit our exchanges with all articles borrowed from their pages. We freely admit that the courtesy is occasionally overlooked by the printer—not by ourselves,—but there are too many "devils" in the office for us to attempt to enforce our order physically. May be the foreman will fall sick some of these days, and then we'll try and teach him a lesson. In the meantime, friend Lancet, don't be quite so pointed.

Gunshot Wound of the Heart and Stomach.—In the Charleston Medical Journal, Dr. Grant, of Conwayborough, S. C., reports a case of gunshot wound of an extraordinary character. The ball entered a little to the right of the sternum, between the cartilages of the fifth and sixth ribs, perforated the pericardium, "entered the right ventricle of the heart about an inch from its apex, merged from the same on the under side of the heart before going far enough to enter any other cavity," passed through the diaphgram and through the cardiac extremity of the stomach, and lodged in the left kidney. Notwithstanding all this, the man lived *twenty-six days*, and in all this time was unable to take any nourishment whatever.

When the autopsy was made, the wounds in the organs had healed, but the cicatrices were evident. In the right ventricle two hairs were found, which were proven by the microscope to be from the breast of the man. By the same means filaments of the cotton garment of the individual were detected in the cavity of the heart and on the surface of the ball.

EXCISION OF HIP JOINT.—Dr. R. A. Kinloch reports in the same number of the Charleston Journal an unsuccessful attempt at excision of the hip joint for "Hip Disease." The case was really a desperate one, though we fully endorse the spirit which prompted Dr. K. to perform the operation. If an operation promises the *only* chance of relief, in any disease, and the patient will submit cheerfully to the operation, we say perform it.

Dr. K. very candidly records the case as one of failure, but furnishes a very interesting article indeed, with statistical data proving the propriety of the operation.

MORPHIA SUPPOSITORIES.—The Medical Times and Gazette contains a notice of a morphia suppository used by Professor Simpson of Edinburgh. It gives a formula for making it, and says it is applicable in all cases of operations on the rectum, vagina, etc., etc. It is simply a half grain, or more, of morphia, put up in due form with sugar of milk and simple cerate sufficient to give the proper consistency.

But we took up our pen more especially to observe, that our experience teaches us that the rectum is not the most eligible situation for suppositories, when applied to allay any of the pains and aches peculiar to woman. We have long been in the habit of directing them to be placed in the vagina, and the results have been far more satisfactory. For instance, in cases of irritability of the neck of the bladder, the suppository placed in the vagina will give relief, when that placed in the rectum will often fail signally. More than this, a properly shaped suppository of this kind passed into the neck of the uterus, whenever it is sufficiently patulous, will frequently relieve neuralgic pains of that organ when everything else fails. However, we do not claim originality in any of this; the ideas have suggested themselves to us, we have tried the thing, and we are pleased with the result.

FREE DISPENSARY OF THE NEW ORLEANS SCHOOL OF MEDICINE.—With no ordinary degree of pride do we now point to the practical working of the Free Dispensary of the New Orleans School of Medicine. It is the first institution of its kind ever established in New Orleans, and may be strictly termed an innovation on the established customs of our people. Like the institution of which it is a branch, it has succeeded, and the benefits it is capable of extending, and will extend, to the afflicted poor and to students of medicine, are not to be calculated. By reference to the data furnished below, it will be seen that the doors of the Dispensary were opened on the 21st January, 1857, and in less than four months, gratuitous advice and medicines have been furnished to three hundred and thirty-five indigent sick persons; and, judging from the steady increase in the number of applicants, we feel fully warranted in predicting that in the first twelve months of the existence of the institution its benefits will be extended to twelve or fifteen hundred of our poor sick. Further comment is unnecessary at present, but at some future day we will make our Dispensary the special theme for an editorial.

Report of the number of patients, their sexes, diseases and nativity, treated at the Dispensary of the New Orleans School of Medicine, from January 21*st to May* 16*th*, 1857. DOLPHUS. S. HUNKSAKER,
Student of Medicine.

Men, 195; Women, 87; Children, 53. Total, 335.

Diseases—Amenorrhœa; abscess, mammary; amputation; angina; aphtha; anorexia; adenitis; anœmia; bronchitis; blenorrhagia; burn; blepharitis; bronchocele; bubo sympathetica; catarrh; conjunctivitis, granular; caries of bone; cephalalgia; cholera infantum; diarrhea; diarrhea neonatorum; dysenteria; diphtheritis; dyspepsia; eczema; eczema capitis; eczema rubra; epilepsy; entero-colitis; epididymitis; febris intermittens; febris remittens; fistula in ano; gastralgia; hypertrophy of heart; hæmatemesis; hepatitis chronica; hyperostosis tibiæ; hœmorrhoids; hydro-pneumothorax; hernia; inflammation of the ankle; do. of carpo-radial articulation; do. of inguinal glands; icterus; impetigo; iritis; intemperance; keratitis; lumbago; metro-peritonitis; menorrhagia; metritis; necrosis; obstructio alvi; obstructio alvi neonatorum; œsophagitis; odontalgia; otitis; ophthalmia traumatica; paronychia; phthisis pulmonalis; parotitis; ptyalism; psoriasis palmaris; posthitis; paraphimosis; pertussis; pleuritis; periostitis; prolapsus uteri; pyrosis; palpitatio cordis; Pott's disease; rheumatisma syphilitica; rubeola; splenitis; syphilis primary; syphilis secondary; syphilis tertiary; scrofula; sprained arm; trismus; tic douloureux; tinea annularis; ulcer of cornea; ulcer of leg, worms; wound of scalp; wound, incised; wound, lacerated; wound, contused.

Nativity—Alabama, 2; Bavaria, 2; Canada, 3; Denmark, 2; England, 3; France, 11; Germany, 30; Ireland, 199; Italy, 1; Illinois, 1; Louisiana, 49; Missouri, 7; Mississippi, 1; Maryland, 4; Massachusetts, 1; Maine, 1; Mexico, 1; Norway, 3; New York, 5; On Sea, 1; Ohio, 1; Pennsylvania, 3; Prussia, 1, Scotland, 1; South Carolina, 2.—Total, 335.

BOOKS AND PAMPHLETS RECEIVED.

"ON THE DISEASES OF WOMEN; INCLUDING THOSE OF PREGNANCY AND CHILD BED. BY FLEETWOOD CHURCHILL, M. D., etc., etc., etc. A New American Edition, Revised by the Author; with Notes and Additions by Francis Condie, M. D., etc. Philadelphia; Blanchard & Lea. 1857."

A Standard work, which should be in the Library of every Medical man who practices amongst females.

"A MANUAL OF EXAMINATIONS UPON ANATOMY, etc, etc. Especially designed for Students of Medicine. To which is added a Medical Formulary. BY J. L. LUDLOW, A. M., M. D., etc. A New Edition, etc. Philadelphia; Blanchard & Lea. 1857."

"AN INTRODUCTORY LECTURE ON MEDICAL EDUCATION. Delivered at the Philadelphia College of Medicine, March 9th, 1857, BY HENRY HARTSHORNE, M. D., Professor of Theory and Practice of Medicine. Published by the Faculty. Philadelphia: T. K. and P. G. Collins, Printers, 1857."

One of the most interesting Introductories we have yet received.

"ILLUSTRATED CATALOGUE OF MEDICAL, SURGICAL AND SCIENTIFIC PUBLICATIONS. Blanchard & Lea. 1857."

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"THE PHYSIOLOGICAL ANATOMY AND PHYSIOLOGY OF MAN. BY ROBT. BENTLEY TODD, etc., AND WM. BOWMAN, F. R. S. 8 mo., Complete in one Volume; 298 Illustrations. Blanchard & Lea; Philadelphia. 1857."

One of the very best books ever issued from any medical press. We think it indispensable to every reading medical man, and it may with all propriety, and with the utmost advantage, be made a text book by any student who would thoroughly comprehend the ground work of medicine.

REPORT OF DEATHS IN THE CITY OF NEW ORLEANS, for the Five Weeks ending May 24th, 1857:

Men, 150; Women, 78; Boys, 224; Girls, 149. Adults, 228; Children, 373. Males, 374; Females, 227. Colored persons, 134.—Total, 601.

Diseases—Abscess, Psoas, 1; Apoplexy, 6; Asthma, 1; Atrophia, 2; Bowels, dis. of, 1; Brain, dis. of, 7; Burned, 1; Cancer, 1; Do. of Uterus, 1; do. of Stomach, 1; Catarrh, 5; Casualties, 5; Cholera, 7; do. Infantum, 24; do. Morbus, 2; Colic, 3; Concussion of Brain, 1; Congestion of do., 7; do. of Lungs, 2; Consumption, 68; Convulsions, Adult, 1; do. Infantile, 53; do. Puerperal, 1; Croup, 12; Debility, Adult, 2; do. Infantile, 5; Delirium Tremens, 5; Diarrhea, Acute, 11; do. Chronic, 15; Dropsy, 6; do. of Chest, 1; Drowned, 1; Dysentery, Acute, 14; do. Chronic, 16; Enlargement of Heart, 3; Enteritis, 21; Epilepsy, 2; Fever, 3; do. Bilious, 1; do. Congestive, 4; do. Scarlet, 17; do. Typhoid, 14; Fracture of Skull, 1; do. of Neck, 2; Gangrene, 1; do. Senile, 1; do. of Lungs, 1; Gastro-enteritis, 4; Hemorrhage, 1; do. of Lungs, 3; do. of Bowels, 1; Heart, dis. of, 9; Hooping Cough, 3; Hydrocephalus, 12; Imperforate Anus, 1; Inflammation, 3; do. of Brain, 2; do. of Kidneys, 1; do. of Liver, 1; do. of Lungs, 20; do. of Stomach, 6; Insanity, 1; Intemperance, 1; Jaundice, 2; Kidneys, dis. of, 1; Killed or Murdered, 4; Marasmus, Adult, 1; do. Infantile, 18; Measles, 26; Meningitis, 12; Old Age, 6: Parturition, difficult, 2; Peritonitis, 2; Pericarditis, 1; Parotitis, 1; Pleurisy, 1; Pneumonia, Typhoid, 2; Puerperal, 1; Premature Birth, 1; Rheumatism, 1; Scrofula, 2; Small-pox, 7; Still-born, 22; Syphilis, 1; Strangulated Hernia, 1; Teething, 21; Tetanus, 6; Trismus Nascentium, 8; Ulceration of Throat, 1; Unknown, 1; Varioloid, 1; Not stated, 14—Total, 601.

Diseases Classed—Zymotic, 160; Nervous System, 134; Respiratory System, 109; Digestive System, 57; Circulatory System, 20; Generative System, 3; Urinary System, 1; Locomotive System, 1; Sporadics, 45; External Causes, 13; Age, 6; Non-specified, 23—Total, 601.

Ages—Under 1 year, 170; 1 to 2, 81; 2 to 5, 71; 5 to 10, 29; 10 to 15, 14; 15 to 20, 16; 20 to 25, 25; 25 to 30. 25; 30 to 40, 76; 40 to 50, 39; 50 to 60, 30; 60 to 70, 12; 70 to 80, 7; 80 to 90, 4; 90 to 100, 2.

Nativities—Africa, 1; Austria, 1; British America, 1; England, 6; France, 19; Germany, 27; Holland, 1; Ireland, 40; Italy, 2; Mexico, 1; Norway, 1; Russia, 2; Spain, 4; Sardinia, 3; Sweden, 1; Swizerland, 2; United States, 379; Unknown, 19, West Indies, 2; Not stated, 79.

EXCERPTA.

LABOR POSTPONED FOR SIXTY-EIGHT DAYS AFTER THE RUPTURE OF THE MEMBRANES.—Dr. W. F. Montgomery relates (Dublin Hospital Gaz., Jan. 15, 1857,) the following interesting example of this:

"A lady who had borne two children, menstruated, for the last time, on the 22d May, 1850, and then, becoming pregnant, quickened on the 26th September, and went on perfectly well until the 11th November, when, just as she was going to bed, she became conscious that there was a watery discharge from the vagina, which, as the event proved, was the liquor amnii.

This occurred at her residence, between eighty and ninety miles from Dublin, and caused her great alarm, as she took for granted that her labor must be at hand; and as I had always attended her, she had a great objection to be confined under any other hands. So strong was this feeling, that she determined to run the risk of traveling up to town, which she did in a railway carriage, accompanied by a medical man, for fear of the worst.

She arrived safely in town on the 13th, and took up her abode near me. The discharge, which was generally limpid and colorless, but occasionally rose colored, continued without intermission; but it was soon observed, contrary to what might be expected, that the flow was greatest when the lady was lying down, and least when she was sitting up or walking about.

This, which she was the first to observe, puzzled her very much, and she pressed me for an explanation, which I did not feel much difficulty in offering; and I told her that I thought the opening, which I presumed was very small, had in all probability taken place very high up, while the lower part of the membranes remained sound; in which case, when she stood up, the water would sink below the level of the aperture, and so not flow out; but when she lay horizontal, there was nothing to prevent its constant escape. The result justified this supposition.

Her health continued very good; she drove or walked every day; she continued to increase in size, and the motions of the child were, to the last, active.

On the 18th January, 1851, labor supervened, and was short, and in every respect most favorable. On my arrival, I found a full bag of waters presenting at the os uteri, which was fully dilated, and in about an hour she gave birth to a son, of full size for eight months, but very white, and he never became rosy, as he ought, after crying strongly, which he did at first; but afterwards he fell into the peculiar incessant wailing low cry, which is always of such evil augury in new-born infants. A wet nurse was immediately provided, but the child would not suck, nor would it swallow fluids conveyed into its mouth; it gradually grew more feeble and exhausted, and in six hours ceased to exist.

The placenta was allowed to come away with the least possible assistance, and on floating it in clean water, with its membranes, I found in the latter, within half an inch of the edge of the placenta, a small aperture of about an eighth of an inch in diameter, the edges of which looked as clean cut as if it had been made with a fine punch: this fully explained the peculiarity above alluded to.

Now, in this case, the daily discharge amounted, on an average, to about five ounces of fluid, and lasted for 68 days, so that there must have come away about 340 ounces, or 21 pints, making nearly three gallons; and it seems reasonable to infer that the debility of the child arose from so much of the vital action which should have contributed to its sanguineous support, having been expended in secreting such a quantity of liquor amnii.

Such a lesion as this is also interesting, as affording a probable explanation of the nature of at least some of those cases, in which abundant serous discharge takes place from the vagina during pregnancy.

I may mention, as a curious fact connected with this case, that the same accident happened to the lady's mother."—*Amer. Jour. Med. Sciences.*

EPIDEMIC CEREBRO-SPINAL MENINGITIS, IN ELMIRA, STEUBEN CO., N. Y.—Having occasion to visit Elmira, in Steuben Co., N. Y., during the last week, I was requested by Drs. Flood & Purdy, to see a case of epidemic cerebro-spinal meningitis.

I found a lad, about eight years old, apparently dying, after an illness of four days. He was lying with his head strongly drawn back, as in opisthotous; deglutition was difficult; the pupils of his eyes possessed their natural impressibility to light, but he was unable to speak. The functions of his mind seemed to be unimpaired. His pulse was rapid, but not so feeble as his dying appearance had led me to think I should find it; indeed the very intelligent gentlemen who were in attendance, said that this condition, or general appearance was sometimes present a long time before death. Upon his body were numerous petechiæ, now very much faded, but which were at first quite dark.

The father of this child had died a few days before, in the same manner, after an illness of forty-eight hours.

This epidemic commenced in February, during the prevalence of the south wind, and after the disappearance of the snow. Scarlatina, in a mild form, had preceded it as an epidemic. It was, thus far, confined to the valley in which the village of Elmira is situated, and had occurred mostly among the poor, yet not entirely. The family whose house I visited, was in a comfortable dwelling, and in easy circumstances. The soil of this valley is composed chiefly, I think, of sand and gravel, and allows the surface to become easily drained. It is probable, however, that a substratum of frost has not permitted this drainage to be complete during the period of the present epidemic.

In all, twenty cases had occurred, of which only four had recovered. It was not confined to any period of life.

The usual signs which characterize the disease, are a general malaise, coldness of the extremities, and of the face, nose, chin, ears, while the head is rather warmer than natural; stupor, occasionally delirium, and sometimes no cerebral disturbance whatever. The head is gradually drawn back, and the muscles of the neck become rigid. Often, no pulsation can be felt at the wrist, when the physician is first called. The stomach and bowels are not much, if at all disturbed. Petechiæ occur at an early period.

The plan of treatment adopted has generally been stimulating: such as alone seemed to be indicated. Hot baths, medicated with cayenne pepper, mustard, brandy, etc., also hot mustard cataplasms, and frictions. Internally the patients have taken brandy, camphor, quinine, etc.

Since I have returned home, Dr. Flood has informed me that fifteen more cases have occurred, of which four terminated fatally within from one to two hours after the accession of the disease; but that under the plan of treatment described, four others, who were seen within from twenty to thirty minutes after the attack, recovered.—*Buffalo Med. Journal.*

FRANK H. HAMILTON

THE PRODUCTION OF REFLEX ACTION A MEANS OF DIAGNOSIS.—*By Dr. A. Stich.*—(Annalen des Charitekrankenhauses. Johrg. vii., Heft 1.) Assuming the correctness of the doctrine, that irritation of a nerve of sensation produces motion only if the spinal cord co-operates, and that the excitability of the central organ is increased if the communication between the nerve of sensation and the brain is interrupted, Dr. Stich applies the doctrine in cases of paralysis, to determine whether the lesion be one of peripheral or centric origin; the presence or absence of reflex action on the application of chemical or mechanical stimuli being the best. Thus, in the case of a woman who was delivered with the forceps, paralysis, both of motion and sensation, affected her left leg, and the affection was attributed to the pressure exerted upon the nerves during her confinement. But when, according to Dr. Stich's proposition, the foot was placed in hot water, the patient felt no heat, but some spasm was visible in the limb, showing that the impediment to conduction was not peripheral, but centric, as the communication between the nerve of sensation and the cord was evidently uninterrupted. That the latter view was correct was shown by the course the disease took, as it ended in complete anæsthesia of the entire left side, and deranged mobility of both sides.

Dr. Stich applies the method to determining, in anæsthesia of mixed nerves, whether the sensory root is diseased, or the centric origin of the nerve. If in such cases, on applying irritation, reflex action results, we may safely conclude that the sensory root is not the part diseased.

The author also proposed to employ the method when, in the case of disease of the spinal cord, we desire to determine the extent of the lesion which prevents conduction; inasmuch as hitherto we have been able only to define its boundary in the direction of the cerebrum, we may now have it in our power to determine the lower boundary towards the cauda equina.

Dr. Stich is of opinion, that by this mode of procedure we may be enabled to determine the existence of several detached diseased spots in the cord, though he has not as yet satisfied himself of this experimentally.

The interruption of the conduction from the spinal cord to the brain, is a circumstance which deserves our consideration in reference to most forms of spasmodic disease; many of these run their course without being productive of pain; an impression is conducted by a sensory nerve to the cord, but is not propagated to the cerebrum; hence the absence of pain. The author argues that these affections may be regarded as affording support to his views. He appears here to enter upon very debatable ground.

USE OF BELLADONNA IN ARRESTING SECRETIONS OF MILK IN SWOLLEN AND PAINFUL BREASTS.—Dr. S. Willey reports the following use of belladonna in arresting secretions of milk in swollen and painful breasts:

Upon reading Dr. Goolden's article in my number of the London Lancet for October (not August), I resolved to make early trial of the remedy, and five cases have been furnished me of tumefied and painful breasts, not differing in any essential feature from those reported by Dr. G., in which the free use of extract of belladonna to the areola has acted like a specific in every instance. Once only did assistance seem required—citrate of magnesia having been given where protracted constipation obtained Notes of the cases were kept without the remotest idea of publication, until I saw the article copied into the Observer for December. I hand you two extracts from my note book.

Mrs. B., aged 18, child aged 11 months, commenced menstruating regularly five months after birth of child; catamenia not occurring on 12th November, when expected, together with the appearance of an obstinate diarrhea in the child, induced weaning, which was soon followed by distended and painful breasts. Ordered that the breasts should be well drawn, and an ointment composed of ext. belladonna and simple cerate, two-thirds of the former to one of the latter, to be rubbed upon the nipples and areola every two hours. Three hours subsequently, found breasts flaccid and free from pain, much to the expressed wonder of the lady, and the concealed surprise of myself. No re-filling.

Mrs. P., aged 21, having lost second child, aged 7 months, suddenly suffered with red, turgid and throbbing breasts, pain much aggravated by riding to the cemetery, two miles distant—temperature 12° F. below zero. The application of belladonna *to the entire breasts* was made in this case, and complete relief was obtained in six hours. Extreme dilatation of the pupils with strabismus, was produced, which passed away soon after the administration of paregoric in hot brandy sling. This was the only case where other than the nipples and areola were anointed.—*Cin. Med. Obs.*

ST. PAUL, January 4th, 1857.

A RIGID, ANCHYLOSED HUMAN SKELETON, THE RESULT OF RHEUMATISM—*By H. P. C. Wilson.*—(Hollingsworth's Medical Examiner, June, 1856.)—E. E., a German woman, was admitted into the Baltimore Almshouse, of which Dr. Wilson is the physician, in 1846, on account of her being incapacitated from labor by chronic rheumatism. She was twenty-one years old, and already experienced great difficulty in using her limbs. She became gradually worse, and in March, 1855, she is described as lying on her back, unable to move a single joint, save a very partial motion of the lower jaw and the costovertebral articulations. Her hands were pronated, and her fore-arms flexed upon the arms, and resting upon the upper part of the abdomen. The soles of her feet were applied one to another, her legs were flexed upon thighs, and her thighs upon the pelvis. She had lain in this condition for nearly nine years. Still the vegetative functions were well performed. She died of typhoid fever, supervening on scurvy, July 9th, 1856.

The interarticular cartilages of the upper and lower jaw were found completely ossified, with such an amount of bony matter thrown out in and around the joint as to allow but very partial motion. The occipito-atloid articulation was so anchylosed, that no traces of a joint existed. The intervertebral substance was converted into bone, so as to render the spinal column an inflexible pillar. The sterno and scapulo-clavicular articulations were obliterated, the xiphoid and costal cartilages ossified, the humeri anchylosed to their respective scapuli; the same was the case with every joint of the upper and of the lower extremities. No joint in the body, save the two above mentioned, presented any movement. The bones were exceedingly light, not weighing one-third as much as their counterparts in the healthy subject. The earthy matter was apparently wholly removed from the cancellated structure.

AMPUTATION AT THE HIP JOINT.—Mr. Stanley, of St. Bartholomew's Hospital, London, performed this operation on the 28th March last. The patient was 52 years old, and had medullary cancer of the femur, which extended high and formed a large tumor. The anterior flap was cut from without inwards, and the femoral artery tied before disarticulating. But little blood was lost at the time, and the patient rallied fairly after removal to bed; but two hours afterwards hemorrhage came on, and he died in ten minutes. We learn the above from the London Medical Times and Gazette, from which it also appears that during the past four years amputation at the hip joint has been performed eight times in the London Hospitals. Of these, five were fatal: one (Mr. Hancock's) sinking under the shock, and dying almost immediately after the operation; one (Mr. G. J. Guthrie's) died on the second day; one (Mr. Adams') died from exhaustion on the eleventh day; one (Mr. Erichsen's) died about two hours after operation, resembling in this respect the fatal case in the practice of Mr. Stanley. The three successful cases occurred to Mr. Tatum, of St. George's Hospital (June, 1855); to Mr. Curling, of the London Hospital (March, 1856); and to Mr. Hancock, of the Charing Cross Hospital. The patients of Mr. Tatum and Mr. Curling were affected with malignant disease of the femur. Mr. Hancock's successful operation was for necrosis, which extended from the neck of the femur to the knee joint.—*Western Lancet.*

ON THE LIGATURE OF ARTERIES IN SUPPURATING WOUNDS.—*By M. Nelaton.*—(Gazette des Hopitaux, 1857. No. 1.)—In one of his most recent clinical lectures, M. Nélaton made the following observations, the occasion being a secondary hemorrhage in the palm of the hand. Nothing is more difficult, he observed, than to arrest a hemorrhage of the hand, especially when this is consecutive—that is, when the wound is covered by pyogeni granulations. If not previously instructed as to the proper management of these secondary hemorrhages, you will be extremely embarrassed. The blood flows, you employ compression, and it ceases; but the hemorrhage will not be long before it returns, and will then be uninfluenced by compression. If compression be made above the wound, œdema takes place in all the subjacent parts, and the hemorrhage soon returns. The radial, or the ulnar, or the brachial may be tried, and yet the bleeding does not stop. Meeting such a case, M. Nélaton formerly was quite at loss to know what to do, impressed as he was with Dupuytren's *dictum*, that arteries in a suppurating wound will not bear the ligature, the premature fall of this infallibly giving rise to a return of the hemorrhage. Nevertheless, he ventured to tie the two ends of the bleeding vessel of the palmar arch; and although the ligature fell sooner than usual, no hemorrhage followed. He has frequently since then tied vessels under analogous circumstances, and has never seen hemorrhage as a result of the fall of the ligature. Although, therefore, this fall takes place earlier (usually about the third or fourth day) than is the case with a ligature applied to a healthy artery, it is not premature, for bleeding does not follow. Examining the matter experimentally upon the dead body, M. Nélaton has found that ligatures applied to arteries in a state of suppuration (as in patients who have died after amputation) produce identically the same effects upon the coats of these vessels as upon arteries remote from the seat of inflammation; the same division of the inner coats and preservation of the outer taking place in the two cases. He feels, therefore, perfect confidence in the soundness of the practice, supported as it is by numerous cases that have occurred to him, both in private and hospital practice.—*Brit. and For. Medico-Chirurgical Review.*

THE RESULTS OF 100 LITHOTRITY OPERATIONS.—*By Dr. Victor V. Ivanchich.*—(Wien Wochenschrift, 1856, Beilage to 51.)—In this paper Dr. V. Ivanchich, of Vienna, furnishes a chronological list of 100 cases of lithotrity that have occurred to him, giving the name of each patient, and a very short summary of the particulars of his case. The following are the conclusions he arrives at from a general view of the whole number. 1. The *ages* were as follows:

18 and under 20	4
20 " 30	1
30 " 40	3
40 " 50	9
50 " 60	31
60 " 70	35
70 " 76	17

2. There were 3 females and 97 males. 3. Of the 100 patients, 87 recovered, and 13 died. Six of the recoveries, owing to the presence of other important complications, were incomplete; complete recovery, therefore, taking place in 81. Eight of the 13 deaths were due to fatal causes

foreign to the operation, so that but 5 of these actually ensued from the operation itself. 4. The calculi in 5 cases were composed of oxalate of lime; in 4, the nuclei were of uric acid, and the exterior phosphatic; in 31 there were phosphatic, and in 60 uric acid, calculi. 5. The *séances* averaged about 8. 6. The mean duration of the lithotriptic treatment was thirty-six to thirty-seven days. 7. The greatest weight of the calculous mass that was removed exceded 32 drachms (8 Loth); the least amounted to a drachm. 8. Among the 100 cases there were 10 single and 2 double relapses. 9. Fifteen of the operations were performed under partial or complete narcosis, verifying the correctness of the conclusions drawn by the author in his essay upon the advantage of inducing narcosis in lithotripsy. 10. The patients were natives of the following countries; 32 Austria, 32 Hungary, 5 Bohemia, 4 Moravia, 4 Servia, 4 Hamburg, 3 Bavaria, 3 Russia, 2 Croatia, 2 Saxony, 2 Prussia, 1 Gallicia, 1 Italy, 1 Sclavonia, 1 Dalmatia, 2 Hanover, and 1 Moldavia.—*Ibid.*

Dr. Lumpe refers to a description, published by him in 1843, in the Oesterr. Med. Wochenschr., of the autopsy of a woman who died of metroperitonitis four days after delivery. In this case the uterus was found divided longitudinally as far as the os internum. The os internum and cervix were simple. The right cavity, which contained no ovum, was enlarged, and lined with a thin vascular decidua.

The following case is a further illustration of this remarkable anomaly. A woman, aged thirty, who had lived in barren wedlock for ten years, sought advice on account of menorrhagia and leucorrhœa. Dr. Lumpe found the external genitals quite normal; the vagina, simple for the first third from outlet, was apparently divided into two equal canals throughout the upper two thirds. The septum presented a complete duplicature of the vaginal mucous membrane, which was attached in front along the urethra, and hung loose, flapping like a sail behind; so that during exploration by the finger, it sometimes covered the right and sometimes the left cervix in such a manner, that on superficial examination, the bicornute condition of the uterus might have been overlooked. An unequivocal solution was only obtained by using two fingers. From each half-vagina was felt a completely developed cervix. Both cervices were of equal size, and on same level; they diverged from the point of union to either side, nearly at a right angle; they were quite symmetrical, and provided with a small cross-fissured os, which admitted a sound. No clear examination of the bodies of the uterus could be made by palpation; but the fundus appeared to be bent right and left, exactly as was the case with the two cervices.

Dr. Lumpe had no opportunity of seeing this case again till some time after, when he was suddenly called to separate an adherent placenta. In performing this, Dr. Lumpe found a complete cavity, bent towards the left like a retort; the placenta was adherent to the fundus; this had a remarkably long oval form. The right non-pregnant uterine-horn had been so much hypertrophied, that it reached nearly half the size of the other. The vaginal portion of the right horn was quite effaced, and its orifice only marked by a soft, cushion-like ring.

Labor had come on at the beginning of the ninth month without obvious cause, and had proceeded naturally and easily under tolerably strong pains. The child was delicate, but lively. The puerperal period was passsed favorably. The involution of the uterus proceeded regularly as in the undivided uterus.—*Ibid.*

GLORY AND SHAME OF NEW YORK.—According to reports just made to the New York Legislature, there are in that State 26 orphan asylums, containing 2,816 children, of whom 2,224 are of foreign parentage; 4 lunatic asylums, with 1,495 patients; a State idiot asylum, with 104 idiots under instructions, at an annual expense of $16,000; a deaf and dumb institution, with 314 pupils on the roll, which will cost, when completed, $539,000; an institution for the blind, which employs 16 teachers, and has 170 pupils maintained at an annual expense of $30,000—the State pays $180 for each pupil; 9 dispensaries, located in the cities, which annully prescribe for 125,000 persons, at an average cost of 16½ cents to each; an eye and ear infirmary, which last year prescibed for 3,052 patients. The whole number of persons in its jails, penitentiaries, houses of refuge and work houses is 3,863.

But many of the almhouses of the State are in a most execrable condition. The poor are brutally treated. Says the *Albany Evening Journal*:

"The shocking condition of some of the county poor-houses is almost incredible. They are badly built, worse arranged, not half warmed, and not at all ventilated. The unfortunate tenants of these places, when they are not starved and fed upon tainted meat, spoiled fish and decaying vegetables, are lodged either in open sheds where they freeze, or in close hovels where they suffocate. They sleep piled in tiers. They sicken without attention, die without medicine, and are tossed into graves like brutes. In one institution not less than one fourth of its 137 inmates died (say rather were killed) in less than a single year! They are literally the abodes of pestilence and famine. While the same fare thus bad, the insane fare worse. Blows and chains are the only prescriptions for mental disease. The lunatic is beat because of his wandering mind, and the idiot pounded for his lack of sense. Some wretched ones lie upon straw and the accumulated filth of months, with no covering but such of this foul bed as adheres to their bodies. The blind, the deaf and the crippled huddled together and treated with equal inhumanity, as if they were doomed to suffer by the neglect of man as well as by the visitation of God. Often the men and women are indiscriminately penned in a common sleeping room at night and the State is annually charged with the support of a new brood of paupers—the offspring of the illicit lusts of its lazar-houses. The supervisors who should see and correct these abuses, sometimes do not visit the place once a year, sometimes not during their term of office. Not unfrequently contractors are permitted to grind a profit out of the labor of the miserable wretches, and starve them in return."—*Peninsular Journal of Medicine.*

A Vesical Querry.—*Mr. Editor*: A case of rare interest in the Lithotomy line has occurred since my last in the New York Hospital. A highly respectable looking man, 61 years of age, found himself about six years ago, voiding small calculi from the urethra. He passed more or less of them every day for four months, the bulk of them amounting in that time, as he estimates, to one pint. They then ceased to appear, and he soon began to experience the symptoms of urinary calculus, pain, inability to retain urine, etc. etc., which increased until the period of his admission into the hospital. The sound now readily detected a stone, apparently deeply located in the bas fond of the bladder, but so involved as to render it doubtful, together with some undefined and obscure difficulty about the membranous portion of the urethra, whether lithotripsy, which was the preferred operation, could be successfully performed. It was finally determined to enter the bladder by the ordinary lateral operation—a wise conclusion as it turned out—for before leaving the table the old gentleman was relieved of twenty-one separate calculi, four or five of which were of the size of the largest hickory nut, and the remainder varied from that to the bulk of half a pea. The entire weight was about four ounces. The patient has since been critically situated, in consequence of sloughing of the scrotum from urinary infiltration, but hopes of his eventual recovery are, however, strongly entertained.—*Medical and Surgical Reporter.*

NEW YORK, April, 1857.

BENEFIT RESULTING FROM A SEA VOYAGE.—Dr. Simpson was so kind as to invite me, the other day, to go and visit with him an American lady under his treatment. I have his permission to detail the case. The patient is from New York city, and has had a severe menorrhagia for the last eight years. She has suffered, in conjunction with this, a long course of homœopathic treatment in New York. Her physicians had no clue to her real disease, never proposed the touch or the speculum, and finally in despair recommended a sea voyage, which luckily brought her to this city (Edinburgh). Her husband sent for Dr. Simpson, and judging from the minute history of the case and the condition of the patient, he concluded that she must have a polypus uteri. An examination showed the os uteri closed and of a normal size; but on the introduction of the uterine sound a uterine tumor was distinctly felt. The irritation of the sound brought on labor pains, and the tumor was soon forced through the cervix. Dr. S. prefering to let nature remove it if she would, left her in this condition. The next morning we found the patient very weak, having lost a large amount of blood. The tumor still protruding through the cervix, Dr. S., anticipating danger from longer delay, seized it with a pair of strong lithotomy forceps, and twisted it from its attachments. The hemorrhage ceased at once, and the patient, under a careful tonic course, is rapidly recovering health and strength, a remarkable instance, upon the whole, of the benefit of a sea voyage in getting rid of a polypus uteri.—*Correspondence of Western Lancet.*

PŒONIA OFFICINALIS IN THE CONVULSIONS OF CHILDREN.—Dr. Livezey, in the *Boston Med. and Surg. Journal*, has the following remarks respecting the virtues of this plant in infantile convulsions:—

"This plant has been much used by the old matrons in this country, and with uniform success. A case not long since happened, that apparently proved its antispasmodic power. A child of 9 years had labored under convulsions daily, for several weeks. All the resources of the skill of three physicians had successively been exhausted without benefit, when 'Aunt Polly' happened to call in with dried *'piney'* root in her pocket—one dose of which she administered, as above, and strange to say, that, *vel post hoc, vel propter hoc*, the convulsions ceased *instanter.* Were this an isolated case, my credulity would cause me to say that it was a *post hoc* result—a happy coincidence; but such results are too thickly scattered over this community to allow me to doubt of its remedial power. It certainly possesses peculiar anodyne, or strong nervine, powers; from the fact, further, that it will allay the nervous twitches, the subsultus, or the peculiar *startings* of infants during repose. In conclusion, I hope that the profession will throw aside prejudice in obstinate cases, and give this article a trial. The mode of administration is this: take of the dried root, grated, half a teaspoonful, scald it and sweeten, and give the whole at once to a child 3 or 5 years old, *ter die.* To an infant, the same amount may be given in divided doses, during the day or 24 hours."

ILL EFFECTS OF QUININE.—Dr. Greenwald, of Cincinnati, reports a case in the Western Lancet, in which decided and persistent hemiplegia was produced by the use of quinine. About twenty grains was administered in three doses, combined with other remedies. The hemiplegia was preceded by ringing in the ears and a disposition to sleep. This case, with others on record, shows that the administration of quinine is not, under all circumstances, unattended with danger.—*St. Louis Med. and Surg. Journal.*

ALUM AS A REMEDY IN CROUP.—A correspondent of the New Hampshire Journal of Medicine, states that for three years he has used alum in croup, and in all that time has not seen a fatal case which was treated with it from the beginning. He usually gives about ten grains, once in ten minutes, until vomiting is induced, using at the same time tartar emetic or the hive syrup freely—the latter subduing the inflammation, while alum has more of a repulsive action.—*St. Louis Med. and Surg. Journal.*

NEW ORLEANS
MEDICAL NEWS AND HOSPITAL GAZETTE.

VOL. IV. JULY 1, 1857. NO. V.

SLOW PULSE.—AN EXTRAORDINARY CASE.

Messrs. Editors: I send you the following account of a remarkable case, received from one of my correspondents, a physician of extensive experience and high standing where he resides. Although fully aware of his repugnance to appearing before the profession in print, I take the risk of incurring his displeasure by offering for publication his communication.

It may not be improper for me to state, by way of preface, that I have long been intimately acquainted with the sufferer, who is a man about 70 years of age, of vigorous constitution, generally enjoying good health, a hearty eater, accustomed to one or two drinks of whisky daily, takes but little exercise, and has become rather corpulent within the last few years. I had the pleasure of seeing him at his residence last month, and found him slowly regaining his health and strength. He was free from pain, and all the functions of his system were regularly performed. I vouch for the accuracy of the details given by the reporter.

Respectfully,
E. D. FENNER.

New Orleans, June 17th, 1857.

Jackson, Tenn., May 4th, 1857.

Dear Sir: Mr. V. first complained of indisposition on Monday, the 16th of March; on the evening of that day he found himself a little chilly, with slight aching of his limbs, inducing him to go to bed a little earlier than usual. The next morning he was up and at breakfast as usual, but with impaired appetite, had not rested as well as usual, did not feel well, but not sufficiently indisposed to take medicine—thought he could correct his disordered condition by rest and abstaining from food, which he had found effectual in removing ordinary attacks of indisposition.

Wednesday, 18th, he began to complain of pain in his knees and one of his ankles, slight, but sufficient to render him uncomfortable while in a state of rest, but on motion of the affected parts, increased to a degree to forbid his being up, and in fact confining him to his bed. To this period he had little or no fever, and his symptoms indicated no specific form of disease, but with the affection of the knees and ankles, it seemed to me a manifest development of rheumatism or gout. I gave him a purgative dose, which operated well, and the next day commenced the use of wine of colchicum in combination with the iodide of potassium. He took the medicine, three times a day, until Saturday morning, when, not having had his bowels moved since he commenced the use of the medicine, I discontinued it after the morning dose, and gave some calcined mag. with comp. infusion of senna. This operated finely on his bowels in the course of the evening, and, seemingly in consequence, he had a more agreeable night, and in the morning thought himself decidedly better. On Sunday he thought himself, throughout the day, doing very well, suffered but little pain, and that only when under the necessity of moving the affected limbs—took no medicine. Monday morning, 23d, he for the first time, complained of having been feverish in the night; with thirst, but at the time of seeing him, these symptoms had gone off, and he expressed himself as feeling tolerably well. He exhibited a little impatience under the confinement to which he was subjected, in consequence of the pain that continued to annoy him in any movement of his knees and ankles. Resumed the use of the colchicum and iodide of potassium—took a dose in the morning, and again at noon. About one o'clock, after taking his dinner, he got into an easy chair, and continued up some two hours or more. The evening was warm, and he had himself placed between the door and window, where a pretty brisk current of air was passing. On returning to bed, he made no complaint of chilliness or other unpleasant feeling from having been up, but shortly after, without any premonition, was seized with a convulsive movement, which caused great alarm to his daughter, who happened to be alone with him at the time. I was instantly called in, and found him expressing much surprise and some little impatience at the anxiety of those around him—was not aware of feeling any worse, and seemed totally at a loss to account for the alarm of those around him.

There was so little change in the expression of his countenance, his voice, and his whole manner, as to induce me to think at first that his daughter had allowed herself to become unnecessarily alarmed; but on examining his pulse, I found that a most remarkable change had taken place in its beat. During his illness to that time, his pulse had manifested little or no deviation from a state of health. It was now making 24 beats to the minute, and while feeling his pulse, an intermission in its beat occurred, when a recurrence of the convulsion immediately followed. It was very momentary in its duration, leaving him in a state of perfect consciousness, and totally unaware of any unusual occurrence. Simultaneously with the intermission in the beat of the pulse, we observed a flatulent eructation from the stomach, and this coincidence continued more or less marked until the spasmodic movements ceased.

How was this sudden change in the aspect of the case to be accounted for? The colchicum sometimes produces very serious disturbance of the stomach, and, although in this case there seemed to be no complaint or palpable disturbance of the stomach, more than the eructation above alluded to, we know that morbid impressions made on that organ are readily transmitted through the important nervous centres, with which it is in close relation, giving rise to many singular morbid phenomena, and not unfrequently involving the function of the heart. The dose given, according to my experience in the use of the drug, was not excessive (20 drops), and was the same taken three days before with perfect impunity, and without exciting any unpleasant effects.

I came to the conclusion that the new symptoms were attributable to the retrocession of the arthritic disease, (rheumatism or gout, probably the latter,) produced by his imprudent exposure to the current of air in which he had been recently sitting.

The spasms continued to recur with increasing violence, and with the intervals between growing less, until the next Thursday morning, 27th, when they suddenly ceased; with the cessation of the spasms, the heart immediately resumed its normal condition, beating regularly about 70 to the minute, the respiration, which had become exceedingly laborious and noisy, became perfectly easy and natural, and really, to all appearances, he looked well, and said he felt well and wanted food.

A number of his friends had called to see him in the course of the morning up to within half an hour of the change which was so sudden and complete. All considered him in a dying state, and that he could survive but a few brief moments.

The pulsations of the heart which as stated before, were only 24 to the minute, continued to lessen in frequency, until for several hours before the change, but 3 pulsations could be distinguished to the minute. And from the time of the accession of the alarming symptoms, the circulation was so languid, that the large veins on the surface of the arms collapsed to such a degree, as to present the appearance of grooves on the surface. Until towards the last hour or two, he retained full possession of his mental faculties, and at no time was there any indication of congestion of the brain.

We administered stimulants and anti-spasmodics, had his bowels freely moved, cupped him freely over the region of the heart and stomach, applied the mustard in hot pediluvia, and in plasters, and blistered extensively. He was relieved, but after we had despaired of being able to accomplish any thing by medicine, and after he had ceased to take any thing, but an occasional sip of brandy toddy to moisten his mouth. He had taken this brandy freely during the urgent symptoms.

Mr. V. has continued in a very prostrate condition up to the present time. He has had no fever, complains occasionally of pain in his knees, and sometimes of his shoulders and arms. His bowels are inclined to be a little slow, requiring an occasional laxative. His appetite is moderate, and not improving under a variety of Tonics prescribed. He enjoyed very much, ale and porter for the first week or two, but seems to be losing his relish for all stimulants of the kind. He is pretty cheerful, enjoys the company of his friends, and sleeps well. It is a little strange that his improvement in health should be so tardy, under the appearances which his case at this time presents. He thinks himself not improving, but he is evidently stronger, and for the last week he makes no complaint of his limbs. He has lost flesh, but still looks well, and if able to get about well, one would hardly discover from his appearance that he had been sick.

Yours, R. F.

AN INTERESTING CASE.

By F. H. BABBIT, M. D.

PARISH OF POINT COUPEE, LA.

MESSRS. EDITORS: On Monday, 20th April, 1857, a negro man, aged about 67 years, while laboring in the field, complained of being "a little sick." The foreman told him to go to the house, and, observing that he staggered as he started, he sent another man with him. After walking three or four hundred yards, he complained of feeling weak, and sat down to rest. He was not able to speak or rise from the ground, and had to be carried to the house. The manager on the place soon got to him, and had him freely cupped at the back of the neck and over the liver, and gave him a full dose of calomel, which acted copiously during the night. The patient seemed to be relieved by the cupping, and soon after said "he felt better." "His breathing was very loud, and more like snoring than natural breathing." He continued much the same all night: skin moist, pulse full and regular; but, not being able to speak in the morning, I was called to see him, and reached him about half past 12 o'clock. The foregoing particulars of the case were given me by the manager.

I found him on Tuesday, 21st, in a free perspiration, pulse natural (fifty-seven to the minute), breathing stertorous, mouth open, eyes closed. On speaking to him, he attempted to reply, but was unable to articulate. He kept his eyes closed, but seemed not to have lost the sense of feeling, as he would raise his *right* hand to brush a fly from his face. I placed some chloroform near his nose and he immediately raised his *right* hand to push it away. On looking into his mouth, I found the tongue drawn back and much thickened, but clean, except of strings of tenacious mucus, extending from the tongue to the roof of the mouth. On removing the mucus and exploring further back, I found the root of the tongue so much enlarged as to resist the insertion of a small tube into the æsophagus. Exteriorly, the throat was but slightly enlarged, and, upon close examination, I found the distinct outline of an abscess at the base of the tongue. By pressure on the outside, I could discover a slight discharge of thick tenacious matter into the throat, but very little, and could not perceive whence it came. I then became satisfied that unless I could produce rapid evacuation of the matter, the patient must soon suffocate. For this purpose I had nothing like a proper instrument, nor could I, on account of the isolated character of the place, procure the assistance of another physician. All I could do was to order the following application to the throat externally

℞ Aq. Ammon;
Spt. Terebinth;
Ol. Oliv.; aa. ℥ss.: ♏.
S. apply warm.

He continued in the same condition until about 11 o'clock next day, when he suffocated. I was unable to make an autopsy, which I greatly desired to do. Previous to Monday, the old man had been in good health, and had seldom complained, except of "Rheumatiz." The throat did not present any appearance of high inflammation, nor did any febrile action take place. A peculiar feature in the case was complete paralysis of the left arm and leg.

IODINE IN NEURALGIA.

By W. G. Thornton, M. D., Victoria, Texas.

Messrs. Editors: I have recently been so much pleased with the use of a remedy, that I deem it my duty to lay my experience before the profession. I was recently called to attend a lady, some 35 years of age, whose most prominent symptom was debility, attended by neuralgia in the left side of the head, the pain at times seeming to extend over the whole of the left side. It being of a periodical character, commencing about sunrise and ending about 12 or 1 o'clock, not lasting over 6 or 8 hours, I endeavored to arrest it with quinine, given in the intermission, so as to have the system under its influence before the time of recurrence. I pursued this course for four days, without any good effect whatever; on the contrary, the pain increased in intensity at every return, until I began to fear for the safety of my patient. In the midst of a paroxysm, my patient being threatened with spasms, and all ordinary remedies having been tried without effect, I resolved to try the application of the tincture of iodine, a remedy that I have often used in other forms of disease with the happiest effects. I applied it, and the effect was almost immediate. I had not finished its application before the pain began to diminish, and soon ceased entirely, and it has not returned since. It may be proper, however, to state, that I prescribed immediately

℞ syrup sarsaparil. comp. ℥viij.
Potass. iodid., ʒj. ♏.

Half ounce to be given three times per day, and the tincture to be reapplied next morning, in anticipation of an attack.

My opinion is that the tincture acted as a medicine, independent of its rubefacient properties, though I submit the case to you without further comment.

MINUTES OF THE PROCEEDINGS OF THE QUARANTINE CONVENTION.

WEDNESDAY, May 13, 1857.

The Quarantine Convention met in the Supreme Court room, Philadelphia, May 13, 1857, at 11 o'clock A. M., and was temporarily organized by the election of Wm. Bonsall, Esq., President of the Philadelphia Board of Health, to the chair, and of Dr. Jos. R. Coad, Secretary of the Philadelphia Board of Health, as Secretary.

The object of the Convention was then stated by Dr. Wilson Jewell, of Philadelphia, who read an extract from the minutes of the Philadelphia Board of Health, including the printed invitation of that Board, and welcomed the delegates to Philadelphia on its behalf.

Dr. Jewell then concluded his opening address with a brief sketch of the quarantine regulations in force at the different seaports of the United States.

The names of seventy-five delegates, from nine different States, were then read and reported as having been received by the Committee of Arrangements, and as having entered their signatures upon the register.

On motion of Dr. Thompson, of Delaware, it was

Resolved, That a committee of one from each State represented be appointed to nominate permanent officers of the Convention.

Whereupon the Chair appointed the following delegates: Dr. Thompson, of Del.; Dr. J. B. Biddle, of Pa.; Dr. Barton, of La.; Dr. Moriarty, of Mass.; Dr. Parsons, of R. I.; Dr. Kemp, of Md.; Councilman Valentine, of N. Y.; Dr. Selden, of Va.; and Dr. Nichols, of New Jersey.

On motion of Councilman Haswell, of N. Y., it was

Resolved, That the rules of order which govern the House of Representatives of the United States be also the rules of order for this Convention.

On motion of Councilman Haswell, of New York, it was

Resolved, also, That a committee of five be appointed by the Chairman, to report the rule of representation by which the Convention shall be governed in its voting.

The Chair appointed on this committee, Mr. Haswell, of New York; Dr. Condie, of Philadelphia; Dr. Jones, of New Orleans; Mr. Quincey, of Baltimore; and Alderman James, of Boston.

The Committee on Nominations then reported the following delegates for election as permanent officers of the Convention:

President—Dr. Wilson Jewell, of Philadelphia.

Vice Presidents—Dr. E. H. Barton, of New Orleans, and the Hon. Alex. H. Rice, Mayor of Boston.

Secretaries—Dr. Edward Hartshorne, of Philadelphia, and Homer Franklin, Esq., of New York.

The nominations having been unanimously confirmed, the Convention was permanently organized, with the President, Dr. Jewell, in the chair.

Invitations from C. F. Lex, President of the Point Breeze Park Association; C. Slater, Secretary of the Philadelphia Board of Guardians of the Poor; Hon. R. Vaux, President of the Board of Inspectors of the Eastern State Penitentiary; and Gavin H. Woodward, Secretary of the Philadelphia Board of Health, were received; all of which were accepted.

On motion of Mr. Diehl, of Philadelphia, it was determined that the daily sessions of the Convention commence at 10 o'clock, A. M.

On motion of Dr. Askew, of Wilmington, Del., it was

Resolved, That a committee of seven be appointed to prepare and arrange business for the Convention.

Whereupon the President appointed Dr. Askew, of Del.; Dr. Kemp, of Baltimore; Dr. Barton, of Louisiana; Dr. Condie, of Philadelphia; Dr. Hayward, of Boston; Dr. Parsons, of Rhode Island; and Dr. Selden, of Virginia.

The Committee to Determine the Rule of Voting, then reported the following resolution:

"*Upon all questions involving the final decision or recommendation of this Convention, each body represented shall have one vote; but on all matters occurring in the current business of the Convention, each Delegate shall have a voice.*"

On motion of Dr. Condie, the Convention adjourned, to meet again at 4 o'clock, P. M.

AFTERNOON SESSION.

Convention called to order by the President.

The list of delegates was then read and corrected.

The minutes of the morning session having been read and corrected, were then approved.

A communication from Dr. Sterling, of New York, having been presented, was ordered to be read, and, during the reading, was, on motion of Dr. Condie, of Philadelphia, referred to the Committee on Business.

On motion of Dr. Askew, of Delaware, on behalf of the Committee on Business, Messrs. Homer Franklin, of New York, and John H. Diehl, of Philadelphia, were appointed additional members of that committee.

The Committee on Business then offered a report in part, together with a preamble and resolutions, and asked leave to sit again.

On motion of Mr. Franklin, of New York, the report, with its preamble and resolutions, was recommitted, with authority to the committee to have it printed in time for the use of the delegates at the morning session.

Dr. Emerson, on behalf of the Academy of Natural Sciences, announced that the hall and museum of the Academy would be opened, expressly for the reception of the delegates to the Quarantine Convention, to-morrow, (Thursday) afternoon, between the hours of three and six o'clock.

On motion, this invitation was accepted.

The Convention then adjourned.

SECOND DAY.

THURSDAY, May 14—10, A. M.

The Convention was called to order by the President in the chair.

The roll was then called, and fifty-four delegates were present.

The minutes of the previous afternoon session were read and approved.

A letter from Dr. Thompson, Marine Hospital Physician of New York, to Homer Franklin, Esq., having been offered to the Convention, was ordered to be read; and, during the reading, was, on motion of Dr. Steiner, of Baltimore, referred to the Committee on Business.

The Committee on Business then presented a printed report in part, including the preamble and resolutions which were recommitted at the previous session.

On motion of Dr. Condie, of Philadelphia, the first resolution was unanimously adopted, as follows:—

Resolved, That it is expedient that the system of quarantine regulations be revised, and that correct principles, as far as scientific research and observation have developed them, should be the basis of future enactments, to the end that a uniform code, as far as practicable, may be secured in all our ports.

On motion of Dr. Condie, of Philadelphia, it was

Resolved, That the propositions of the second resolution be considered separately.

The first proposition of the second resolution was unanimously adopted, as follows :—

1. There are certain diseases which may be introduced into a community by foul vessels and cargoes, and diseased crews and passengers.

The second proposition also was agreed to without amendment, and reads as follows :—

2. These diseases are small-pox, and, under certain circumstances, typhus fever, cholera, and yellow fever.

The third proposition being next considered, it was, on motion of Dr. Snow, of Providence, amended by substituting the word "not" for the words "scarcely be expected," and was then adopted, so as to read thus :—

3. When the latter diseases are introduced in this manner, their action is limited to individuals coming within their immediate influence, and cannot become epidemic, unless there exist in the community the circumstances which are calculated to produce such diseases independent of the importation.

The fourth proposition being next before the Convention, it was, on motion of Dr. Jones, of New Orleans, laid upon the table.

On motion of Dr. Kemp, of Baltimore, the same proposition was taken up again, and then referred to the Committee on Business.

The fifth proposition being next in order, was agreed to, as follows :—

5. Efficient sanitary measures, including quarantine, will, in most cases, prevent the introduction of these diseases, and may, at any rate, disarm them of their virulence, and prevent their extension, when introduced.

Proposition sixth was, on motion of Dr. Bell, of Philadelphia, amended by striking out the words "as preventive of disease," and substituting the word "often" for the word "are" and was then adopted, so as to read thus:

6. That the present quarantine regulations in operation in most of our States are inefficient, and often prejudicial to the interests of the community.

The seventh proposition having been read on motion of Dr. Biddle, of Philadelphia, the differont sections were considered separately.

The first of these sections was, on motion of Alderman Haswell, of New York, and Dr. Jones, of New Orleans, amended so as to read thus :—

7. Disease may be introduced, first, by a foul vessel, especially where proper measures are not taken to keep the hold free from stagnant and putrid bilge-water; and more paticularly when there exist in the hold droppings or drainage, or other putrifiable matters, which are allowed to penetrate and remain between the timbers of the ship.

And was then adopted as amended.

The second section was next considered, and on motion of Councilman Haswell, of New York, was amended so as to read thus:—

"By cargoes, consisting, in whole or in part, of rags, cotton, or like porous substances, shipped from ports at which any malignant epidemic or endemic disease, of a contagious or infectious character, prevailed at the time when the vessel was loaded."

It was then agreed to as amended.

The third section was next adopted, with a verbal alteration as follows:

3. By filthy bedding, baggage, and clothing of immigrant passengers, particularly when these are crowded together in insufficient quarters, although the passengers themselves may be free from any actual disease.

The fourth section being then submitted, was agreed to with verbal alterations, so as to read thus:—

4. By the air that has been confined during a voyage in closely sealed or ill-ventilated holds.

The fifth section was next adopted as follows:—

5. By squalid and diseased passengers landed and crowded together in unhealthy neighborhoods, or in small and ill ventilated dwellings.

The sixth section also was agreed to, as it stands, thus:—

6. By passengers and crews who are actually laboring under, or infected with any positively contagious disease, and their bedding, clothing, and baggage.

Invitations from the Academy of the Natural Sciences, the Franklin Institute, and the Philadelphia Gas Company, were read and accepted.

On motion of Dr. Condie, the Convention adjourned until 4 o'clock in the afternoon.

AFTERNOON SESSION.

The Convention was called to order by the President in the chair.

On motion the calling of the roll, and the reading of the minutes of the morning session, were postponed. An invitation from Messrs. Childs and Peterson, to view the relics of Dr. Kane's Artic Expedition at their publishing establishment, was read and accepted.

The eighth proposition of the report of the Committee on Business being then in order for discussion, on motion of Mr. Wightman, of Boston, the first sentence was altered so as to read thus :—

"To prevent, therefore, the introduction of disease from the several causes enumerated, the necessity is apparent of providing a system by which all parts of the vessel may be ventilated during the voyage; and for the careful inspection of all vessels immediately on their arrival, and before they are allowed to come up to the wharves of a city, for the landing of passengers or discharge of their cargoes."

The second sentence of this proposition was, on motion of Dr. Hayward, of Boston, amended by inserting after the words "no vessel," the words "arriving between the 1st of May and the 1st of November." It was further amended, on motion of Dr. Clark, by striking out the words "by the opening of the hatches and the introduction of wind sails;" and, on motion of Mr. Diehl, of Philadelphia, and Councilman Haswell, of New York, it was lastly amended, by striking out all after the words "entirely removed." The sentence as agreed to, reads as follows :

"No vessel, in fact, should be admitted to a port between the 1st of May and the 1st of November, until her hold is freely and fully ventilated, nor until the bilge-water is entirely removed."

The whole eighth proposition, as amended, was then adopted, and is expressed as follows :

8. To prevent, therefore, the introduction of disease from the several causes enumerated, the necessity is apparent of providing a system by which all parts of the vessel may be ventilated during the voyage, and for the careful inspection of all vessels immediately upon their arrival, and before they are allowed to come up to the wharves of a city, for the landing of their passengers and discharge of their cargoes. No vessel arriving between the 1st of May and the 1st of November, should, in fact, be admitted to a port, until her hold is freely and fully ventilated, nor until the bilge-water is entirely removed.

The ninth, tenth and eleventh propositions were then submitted, and severally agreed to as presented, to the following effect :

9. Provision should be made for the immediate landing of all those portions of the cargo, baggage and clothing, that may be judged capable of generating or communicating disease, and for their proper purification, at

such places, and under such regulations, as shall preclude all danger of their exerting a morbid influence, either immediately, or upon their subsequent admission into the city.

10. Provision should be made also for the immediate landing of all such peasons from on board of vessels as they arrive, and their due and comfortable accommodation and treatment, until such time as they can be taken charge of, and properly cared for, by their friends.

11. In the case of a ship-load of squalid passengers, or of those strongly predisposed to disease, their clothing, beds, and other effects, should be at once subjected to a thorough ventilation and purification; and, upon their landing, adequate measures should be adopted to prevent them from crowding together in confined, unhealthy and illy-ventilated dwellings and localities.

The twelfth proposition being then in order, was amended, on motion of Councilman Kaswell, of New York, by omitting the word "particularly" in the first line, and agreed to, so as to read as follows:

12. When a vessel arrives in a foul condition, or on board of which disease has prevailed during the voyage, after her crew and passengers have been removed from her, she should be subjected to a thorough system of cleansing and purification; for which purpose it may be necessary to discharge her cargo at a safe distance from the city, and to allow only such portions of it to be conveyed there as are incapable of creating disease, the residue being subject to ventilation in such a manner as shall prevent it from suffering damage and all avoidable deterioration.

The thirteenth, fourteenth, fifteenth, sixteenth, seventeenth and eighteenth propositions were then read and unanimously adopted in succession, and without alteration, in the following language:

13. The carrying out of these provisions should be entrusted to a single officer, with such assistants as may be required to facilitate him in the execution of his functions.

14. This officer should be a regular physician, of unquestionable talents and experience, and possessed of great decision and rectitude of character.

15. His compensation should be sufficiently ample to enable him to devote his entire attention and energies, throughout the year, to the duties of his office.

16. While the power of removing him for incompetency, neglect, or other adequate cause, should be vested in some competent tribunal, his appointment should be based solely upon his capacity to fulfil satisfactorily his

incumbent duties, and his continuance in office made dependant upon his faithful and skilful discharge of those duties.

17. To this officer should be entrusted the sole and entire decision, under certain general provisions established by law, as to the treatment required in the case of each vessel that shall arrive, and of its cargo, crew and passengers, and place it and these in a condition to prevent any danger of the introduction by them of disease, he, at the same time, being held to a strict accountability for the manner in which the discretionary power thus confided to him, is executed.

18. As in every community a Board of Health is necessary, to watch over its sanitary condition, and to prevent or remove all domestic sources of disease, this body would appear to be the one in which the power of appointing, and the general supervision of the official conduct of the Quarantine Physician, may, with the greatest propriety, be invested.

The third portion of the report of the Committee on Business was then presented, and the first two propositions having been adopted without discussion, the question on their adoption was, on motion of Dr. Haward, of Boston, reconsidered, and the further action of the Convention upon these and the subsequent propositions of the Committee on Business, was postponed.

Invitations from Mr. Chapin, Principal of the Philadelphia Institution for the Blind, and from the Board of Managers of the Philadelphia House of Refuge, were read and accepted.

On motion of Dr. Emerson, the Convention then adjourned.

THIRD DAY.

FRIDAY, May 16—10, A. M.

Convention called to order by the President in the Chair.

The roll was called, and the minutes having been read and corrected, were approved.

On motion of Dr. Condie, of Philadelphia, the consideration of the third portion of the report of the Committee on Business, which was in order, was postponed.

A communication from A. N. Bell, Esq., and one from D. E. Wheeler, Esq., both of New York, having been presented, were, on motion of Dr. Condie, separately read, and referred to the Committee on Business.

The Committee on Business then presented the concluding portion of their report, embracing one resolution, a substitute for the recommitted 4th proposition, and other propositions.

On motion of Mr. Diehl, of Philadelphia, the resolution and propositions were considered separately, and the question being taken on the resolution, on motion of the same delegate, it was negatived.

The substitute for the fourth proposition being then submitted, on motion of Mr. Wright, of Boston, it was amended by substituting the words "in connection with," for the words "in seasons marked by;" and adopted as amended, so as to read as follows:

That the circumstances alluded to consist in vitiated states of the atmosphere, from local causes, in connection with peculiar meteorological conditions.

The next proposition having been amended, on motion of Councilman Haswell, of New York, by substituting the words "to procure," for the words "of procuring," and by adding the words "will be required," at the end, was adopted as amended, so as to read as follows:

With the view to procure a uniformity in quarantine regulations throughout the several portions of the United States, the assembling of another, and probably several Conventions similar to the present one, will be required.

The proposition succeeding the above being then before the Convention, it was amended, on motion of Mr. Diehl, by striking out the word "final," and on motion of Dr. Thompson, of Delaware, by substituting for "—— members," the words "one member from each State represented in the Convention;" and on motion of Dr. Steiner, of Baltimore, it was further amended by striking out the words "unless the gentlemen above named be returned as delegates to said Convention," and substituting the word "powers" for the word "functions." It was then adopted as amended, as follows:

To provide for the assembling of such a Convention in 1858, it is suggested that the President, Vice Presidents and Secretaries of this Convention, with a committee of one member from each State represented in the Convention, be continued after our adjournment, as commissioners for the purpose of taking the necessary steps for the call of a Convention next year: *Provided, however,* That their powers shall cease immediately upon the assembling and organization of the Convention of 1858.

The last proposition of this portion of the report was then, on motion of Dr. Bigelow, stricken out.

On motion of Dr. Condie, it was thereupon

Resolved, That hereafter the name of this Convention shall be "The Quarantine and Sanitary Convention.

The consideration of the third portion of the report of the Committee on Business being then resumed, on motion of Dr. Condie, its propositions were ordered to be read and considered separately.

The first, second and third propositions were read in succession, as they follow:

1. "Yellow fever is not contagious, *per se*.

2. "That it is only propagated in a foul or infectious atmosphere, analogous to that which gave it birth.

3. "That the term 'contingent contagion' is a misnomer, inapplicable to yellow fever; that whatever condition relates to yellow fever is essential, whether of an atmospheric or malarious condition, and that without these yellow fever always ceases with the individual case."

After several different motions for amendment, they were, on motion of Mr. Diehl, of Philadelphia, indefinitely postponed by a unanimous vote.

The fourth and fifth propositions were then separately represented in the following terms:—

4. "That Quarantine measures *alone* can never protect a community either from the introduction or propagation of disease, however rigid it may be, as it is but a branch of the important department of hygiene.

5. "That we believe that efficient sanitary measures, properly enforced, can always protect a community against the origination or extension of any of the above diseases, except smallpox."

On motion of Dr. Kemp, they were likewise indefinitely postponded.

The sixth proposition was then, on motion of Dr. Kemp, amended so as to read as follows:—

A thorough examination should be made of all immigrants on their arrival; and if they are not protected against the smallpox, they should be vaccinated.

The seventh proposition was amended, on motion of Dr. Condie, by omitting the word "regular," and on motion of Dr. Clark, of Boston, by substituting the words "at stated periods" for the word "monthly," and adopted, as follows:—

We recommend that there should be attached to our boards of health and quarantine establishments stations for minute meteorological observations, and vaccine establishments, and that records of these be published at stated periods for the public benefit.

The eighth proposition was, on motion of Councilman Haswell, of New York, amended so as to read as follows:—

We advise the introduction of increased comforts for crews and passengers, and the ventilation and purification of vessels by a more effectual method.

It was then agreed to as amended.

The President then announced the following delegates as members of the Committee of Arrangements for the coming year: Ald. J. M. Wightman, of Mass.; Dr. E. M. Snow, of R. I.; Ald. Haswell, of N. Y.; Dr. J. B. Biddle, of Pa.; Dr. J. Thompson, of Del.; Dr. Kemp, of Md.; Dr. Selden, of Va.; Dr. Linsday, of La.

The resolutions and propositions of the Report of the Business Committee having been severally considered, and agreed to as amended, the question then occurred on the preambles.

On motion of Dr. Condie, the second preamble was stricken out as unnecessary, and the first preamble was approved, as follows:

Whereas, great interest has been awakened in the questions pertaining to commercial intercourse among the nations of the earth, and to the close relations, under some circumstances, of the health of communities to the regulations which affect this intercommunication; and inasmuch as there is great diversity and irregularity in the rigor of enactment which characterizes the legislation of different bodies upon this subject:

The question on the whole report, with preamble, resolutions, and propositions, as severally amended, being then proposed, a recess of five minutes was ordered, on motion of Councilman Haswell, to enable the different delegations to agree upon their representative vote.

The vote having been taken by delegations, nineteen answered yea, two answered nay, and two reported a tie.

The report, as amended, was agreed to, as follows:

The Committee on Business would respectfully present the following as their report:

Whereas, great interest has been awakened in the questions pertaining to commercial intercourse among the nations of the earth, and to the close relations, under some circumstances, of the health of communities to the regulations which affect this intercomunication; and inasmuch as there is great diversity and irregularity in the rigor of enactment which characterizes the legislation of different bodies upon this subject; therefore be it

Resolved, That it is expedient that the system of Quarantine Regulations be revised, and that correct principles, as far as scientific research and observation have developed them, should be the basis of future enactments, to the end that a uniform code, as far as practicable, may be secured in all our ports.

Resolved, That the following propositions be regarded as the sentiment of this Convention:

1. There are certain diseases which may be introduced into a community by foul vessels and cargoes, and diseased crews and passengers.

2. These diseases are smallpox, and under certain circumstances, typhus fever, cholera, and yellow fever.

3. When the latter diseases are introduced in this manner, their action is limited to individuals coming within their immediate influence, and cannot become epidemic or endemic, unless there exist in the community the circumstances which are calculated to produce such disease independent of the importation.

4. That the circumstances alluded to, consist in vitiated states of the atmosphere, from local causes, in connection with peculiar meteorological conditions.

5. Efficient sanitary measures, including quarantine, will in most cases prevent the introduction of these diseases, and may at any rate disarm them of their virulence, and prevent their extension, when introduced.

6. The present quarantine regulations, in operation in most of our States, are inefficient, and often prejudicial to the interests of the community.

7. Disease may be introduced; 1st, by a foul vessel, especially when proper measures are not taken to keep the hold free from stagnant and putrid bilge-water; and more particularly when there exist in the hold droppings or drainage from putrefiable matters which are allowed to penetrate and remain between the timbers of the ship. 2d. By cargoes consisting in whole or in part of rags, cotton or like porous substances, shipped from ports at which any malignant epidemic or endemic disease of a contagious or infectious character prevailed at the time when the vessel was loaded. 3d. By the filthy bedding, baggage, and clothing of immigrant passengers, particularly when these are crowded together in insufficient quarters, although the passengers themselves may be free from any

actual disease. 4th. By the air that has been confined during the voyage in closely sealed and ill-ventilated holds. 5th. By squalid and diseased passengers landed and crowded together in unhealthy neighborhoods, or in small and ill-ventilated dwellings. 6th. By passengers and crews, who are actually laboring under, or infected with any positively contagious disease, their bedding, clothing, and baggage.

8. To prevent, therefore, the introduction of disease from the several causes enumerated, the necessity is apparent of providing a system by which all parts of a vessel may be ventilated during a voyage; and for the careful inspection of all vessels immediately upon their arrival, and before they are allowed to come up to the wharves of a city, for the landing of their passengers and discharge of their cargoes. No vessel, arriving between the 1st of May and the 1st of November, should, in fact, be admitted to a port, until her hold is freely and fully ventilated, nor until the bilge-water is entirely removed.

9. Provision should be made for the immediate landing of all those portions of the cargo of a vessel, and the baggage and clothing that may be judged capable of generating or communicating disease, and for their proper purification, at such places and under such regulations as shall preclude all danger of their exerting a morbific influence, either immediately, or upon their subsequent admission into the city.

10. Provision should be made also for the immediate landing of all such persons from on board of vessels as they arrive, and their due and comfortable accommodation and treatment, until such time as they can be taken charge of, and properly cared for by their friends.

11. In the case of a ship-load of squalid passengers, or those strongly predisposed to disease, their clothing, beds, and other effects, should be at once subjected to a thorough ventilation and purification; and upon their landing, adequate measures should be adopted to prevent them from crowding together in confined, unhealthy, and ill-ventilated dwellings and localities.

12. When a vessel arrives in a particulary foul condition, or on board of which disease has prevailed during the voyage, after her crew and passengers have been removed from her, she should be subjected to a thorough process of cleansing and purification, for which purpose it may be necessary to discharge her cargo at a safe distance from the city, and to allow only such portions of it to be conveyed there as are incapable of creating disease, the residue being subject to ventilation in such a manner as shall prevent it from suffering damage and all unavoidable deterioration.

13. The carrying out of these provisions should be entrusted to a single officer, with such assistants as may be required to facilitate him in the execution of his functions.

14. This officer should be a regular physician, of unquestionable talents and experience, and possessed of great decision and rectitude of character.

15. His compensation should be sufficiently ample to enable him to devote his entire attention and energies, throughout the year, to the duties of his office.

16. While the power of removing him for incompetency, neglect, or other adequate cause, should be vested in some competent tribunal, his appointment should be based solely upon his capacity to fulfil satisfactorily his incumbent duties, and his continuance in office made dependent upon his faithful and skilful discharge of those duties.

17. To this officer should be intrusted the sole and entire decision, under certain general provisions established by law, as to the treatment required in the case of each vessel that shall arrive, and of its cargo, crew, and passengers, and to place it and these in a condition to prevent any danger of the introduction by them of disease, he, at the same time, being held to a strict accountability for the manner in which the discretionary power thus confided to him, is executed.

18. As in every community a Board of Health is necessary to watch over its sanitary condition, and to prevent or remove all domestic sources of disease, this body would appear to be the one in which the power of appointing, and the general supervision of the official conduct of the Quarantine Physician may, with the greatest propriety, be invested.

19. In order to procure a uniformity in quarantine regulations throughout the several ports of the United States, the assembling of another, and probacly several conventions similar to the present one, will be required.

20. To provide for the assembling of such a convention in 1858, it is suggested that the President, Vice-Presidents, and Secretaries of this Convention, with a committee of one member from each State represented, be continued after our adjournment, as commissioners for the purpose of taking the necessary steps for the call of a convention next year; provided, however, that their powers shall cease immediately upon the assembling and organization of the Convention of 1858.

21. A thorough examination should be made of all immigrants on their arrival, and if they are not protected against smallpox, they should be vaccinated.

22. We recommend that there should be attached to our Board of Health and Quarantine establishments stations for minute meteorological observations and vaccine establishments; and that records of these be published at stated periods for the public benefit.

23. We advise the introduction of increased comforts for seamen and passengers, and the ventilation and purification of vessels by a more effectual method.

[Signed.] HENRY F. ASKEW,
Chairman of the Committee on Business.

On motion of Dr. Condie, it was

Resolved, That the vote of each delegation on the adoption of the Report of the Committee on Business be entered on the minutes.

The delegations voting in the affirmative were: Massachusetts—Boston Board of Health, Boston Port Physician (External Health,) Boston Marine Hospital (Internal Health;) Rhode Island—Providence Board of Health, Providence Medical Association; New York—Board of Health; New Jersey—Newark Board of Health, Camden Board of Health; Pennsylvania—Philadelphia Board of Health, Philadelphia Board of Trade, Philadelphia College of Physicians, Philadelphia County Medical Society; Delaware—Wilmington Board of Health, Medical Association of Wilmington; Maryland—Baltimore Board of Health, Baltimore Board of Trade, Baltimore Medical and Surgical Society, Baltimore Pathological Society. Those who voted in the negative were: Virginia—Norfolk Board of Health, and Norfolk City Council. The delegations from the Common Council of New Orleans and the New Orleans Board of Health reported each a tie vote.

On motion of Dr. Clark, of Boston, Mass., it was then

Resolved, That the Business Committee, with the Secretaries of the Convention, be authorized to revise and print in a convenient form, and distribute to the members of this Convention, its proceedings; including, also, in an appendix, such of the communications which have been addressed to it as they may think proper.

On motion of Mr. Diehl, of Philadelphia, it was

Resolved, That when this Convention adjourns, it adjourn subject to the call of the President of the Convention.

On motion of Mr. Quincey, of Baltimore, seconded by Dr. Steiner, of Baltimore, it was

Resolved, That the Convention be recommended to hold its next annual meeting in Baltimore.

On motion of Dr. Lindsay, of New Orleans, it was

Resolved, That each municipal body represented in this Convention be recommended to appoint one or more capable persons to keep a record of the invasion or origin and progress of future epidemics that may from time to time visit them, and return a copy of the same to this Convention.

On motion of Dr. Jones, of New Orleans, it was

Resolved—1. That, in addition to the usual quarantine establishments, this Convention recommends the introduction of efficient means for removing all persons of limited means from infection, and for preventing the ingress of immigrants and other unseasoned people into ports and cities laboring at the time under pestilential diseases.

2. That in all cases where rumors and unauthorized reports indicate certain ports or cities as the seats of epidemic and pestilential diseases of the nature provided against, no such reports shall be the basis for action elsewhere, unless sustained by an official declaration of the Boards of Health, or other properly constituted authorities.

3. That all such Boards of Health and other public authorities shall be obligated to declare the existence of invasions of yellow fever and cholera, in their epidemic forms, as they may from time to time make their appearance in the localities under their control.

On motion of Dr. Snow, of Providence, it was then

Resolved, That we recommend the adoption of a complete, accurate, and uniform system of registration of births and deaths in all our cities, as a necessary accompaniment of efficient sanitary measures.

On motion of Councilman Haswell, of New York, it was

Resolved, That the thanks of this Convention be extended to Dr. Wilson Jewell, for the courteous and able manner in which he has presided over our deliberations, and that we congratulate the citizens of the United States upon the promise of benefits which are confidently expected to arise from the action of this body.

On motion of Dr. Parsons, it was next

Resolved, That the thanks of this Convention be and are hereby tendered to the public officers and to the managers of the public institutions of Philadelphia, for the many civilities extended to the delegates during their teatndance in this city.

The thanks of the Convention were, on motion, extended also to the Business Committee and the Secretaries.

The Convention then adjourned.

SPECIAL SELECTIONS.

LECTURE XLVI.—THE CÆSARIAN SECTION.

By W. Tyler Smith, M. D.

Gentlemen—The induction of premature labor, turning, and the use of the forceps, are the great operations of what may be termed conservative midwifery. There remain to be considered two capital operations, never to be resorted to save in the last necessity—namely, the Cæsarian section or hysterotomy, and craniotomy. In the one the mother is almost surely, in the other the child is certainly, sacrificed. Premature labor, turning, and the forceps are in distinct opposition to embryotomy and hysterotomy, and the tendency of all obstetric improvements has been to substitute the conservative for the destructive operations, and to circumscribe more and more the ground which the latter occupy. The Cæsarian section was probably suggested by cases in which gravid women had the mature fœtus forced through the uterus and abdominal walls by accidents, such as falls, or the goring of bulls; or by those rare instances in which, in cases of impassable deformity of the pelvis, the uterus and abdominal parietes have been ruptured by the force of the pains, and the child extruded. The operation is of very ancient date, like most of the capital operations performed on the human body. Esculapius himself, and a number of other ancient and middle-age celebrities are said to have entered the world in this manner. Art does not appear to have diminished the dangers or the mortality of the operation. With one or two exceptions it is, and probably will ever remain, the most formidable operation which can be performed upon the living body.

Dr. Fleetwood Churchill has carefully collected the statistics of abdominal hysterotomy. He collected from foreign authorities the particulars of 371 cases in which the operation was performed. Of these, 217 mothers are reported to have recovered, and 154 to have died, the deaths being one in 2⅓. Some of these cases are, however, so old, as to be traditional rather than historic; but the records of 321 operations, which have occurred since the year 1750, show that only 149 mothers recovered, to 172 deaths. Kayser collected 339 cases, in which a fatal result occurred to the mother in 210 cases, 129 mothers being saved. Dr. West has noted 409 authentic cases: in 251 the mother died, and the recoveries were 158. The largest statistic of this operation is that of Figueiria, who gives 790 cases, in which the deaths were 424, leaving 366 recoveries. Many of the cases are of course repeated in these several collections, but they give, no doubt, a tolerably correct account of the mortality of the operation. In Great Britain, the operation has been considerably more fatal than on the Continent, the difference probably arising from the fact, that here the operation is commonly resorted to only after labor has continued for some time, and after other means of delivery have failed, while abroad, the operation has been performed on healthy women, the subjects of deformity, at the commencement of labor. Dr. Merriman collected the results of 26 cases occurring in this country; of these only 2 mothers were saved, and 24 lost. Dr. Churchill has analysed 63 British and American cases, out of which 18 mothers recovered to 45 deaths. In the great capitals, London, Paris and Vienna, the mortality is far greater than in other places, and with the single exception of Dr. Oldham's case, where the patient suffered from carcinoma uteri, and died a considerable time after the operation, I believe abdominal hysterotomy has never been performed successfully in this metropolis. Within the last few years it has been performed in London under every circumstance which could be devised to procure a favorable result, five times, with a fatal result in four cases. Dr. Oldham's case was probably an exemplification of the law, that the abdominal and pelvic organs while in a state of disease bear operations well. The most favorable of these results are sufficiently discouraging, when viewed in a tabular form. The matter is still more tragic when we come to the individual case, and have to estimate the chances of recovery from such a formidable operation. It must be borne in mind that the known statistics of the Cæsarian section are sure to be more favorable than the real results. Successful cases are certain to be blazoned abroad, and those which are unsuccessful mentioned as little as possible. Kayser observes that the recorded mortality from this operation in lying-in hospitals, where all the cases are reported, is considerably greater than the recorded mortality in private cases, where suppressions are possible. The hospital mortality reaches to 79 per cent. Dr. West places the mortality in this country, at the lowest estimate, at 83.6 per cent.; but even this is probably lower than the real mortality, could every case be collected. Of the five operations performed in London within the last few years, one of the fatal cases has never, as far as I am aware, been reported.

Dr. West has made a very careful analysis of the cause of death and the date of its occurrence in 147 cases of death from the Cæsarian section. His table shows that death is distributed between shock, hemorrhage, and inflammation. 55 cases died of inflammation between the 2d and 20th day, and 1 after that time. The number of deaths from shock to the nervous system was 33, the period of death varying from 1 hour to 6 days after the operation. 14 cases died of hemorrhage, between the time of the operation and the 6th day. The deaths in the remaining 44 cases took place from the combined results of hemorrhage, shock, and inflammation, or from causes independent of the operation itself. The fatal result takes place with great rapidity in the majority of cases, as shown by the fact, that out of the 147 cases tabulated by Dr. West, death occurred in 108, within 96 hours after the operation. Dr. West summed up the peculiar dangers of the operation under four heads :—1. Hemorrhage, not only from the wound, but from the placental site. 2. The shock to the nervous system from the violent interference with labor, and the injury inflicted on the uterus. 3. The exposure and incision of the healthy peritoneum. 4. The infliction of an extensive wound upon the uterus at a time when the processes of nature are prepared, not to carry on reparation, but to effect the degradation, disintegration, and absorption of the uterine tissue. Attention has been specially directed to the state of the uterine wound after the operation, by Dr. West. In many cases no attempt at repair or the formation of new tissue takes place; in others, actual sloughing and loss of substance occurs, the wound gaping widely, when death has occurred many days after the operation.

The Cæsarian section has been resorted to for the safety of the child more frequently than for that of the mother, but the statistics of the operation demonstrate beyond question that the amount of fœtal is almost equal to that of the maternal mortality. In Dr. Churchill's list of 371 cases, the results to the child are given in 189 cases, 139 being saved, and 50 lost. But we may fairly infer that, of the 182 cases where the result is not given, the child was lost in all or nearly all, which would, omitting twins, increase the fatal mortality to 232. Of the 63 occurring in British practice, 26 children were lost or still-born, and the result is not stated in three cases, making the probable mortality 29. In Dr. Merriman's collection of 26 cases, 11 children were saved and 15 lost. In the 409 cases mentioned by Dr. West, the result to the child is stated in 347 instances. In 227 the child was born alive; in 110 it was still-born. If we add the unrecorded cases to the deaths, the number becomes 172, exclusive of twins.

In a considerable number of cases it is a remarkable fact that the operation has been performed more than once upon the same subject. In 28 women whose cases are collected by Dr. Churchill, the operation was performed 74 times. Some of these cases have been doubted, on account of their antiquity, but within our own generation, Professor Kilian, of Bonn, performed the operation four times on the same woman. Between the years 1826 and 1836 it was also performed four times on a Danish woman. It would appear that in women who survive the first operation, a certain immunity from the dangers of the procedure is acquired. These cases, substracted from the tables of the successful performance of the operation, or reckoned only once, increase the tabular mortality in women operated on for the first time.

We now approach one of the most momentous questions in obstetrics. Fortunately it is one not often presented to us for solution in practice. What are the circumstances under which abdominal hysterotomy may become justifiable or even necessary? No point has been more keenly debated, and perhaps no point of importance in midwifery is less definitely settled at the present time. It may be stated that the operation is less held in dread upon the Continent than in Great Britain. This is owing in some degree to the more favorable results of the operation, and to the greater value attached to fœtal life, in foreign countries. According to Busch and Moser, the Cæsarian section is the only practical mode of delivery when the diameter of the pelvis is two inches and a quarter or less, and the Cæsarian section is indicated if the diameter is from two and a quarter to under three inches, when the child is alive. Jacquemier is of opinion that hysterotomy is the only justifiable operation when the child is dead, and the pelvis is below two inches in diameter; or when, in the case of a live child, it varies from two inches to two and a half. These are amongst the latest authorities in Germany and France. Velpeau gives the diameter of the pelvis in 62 cases. In 30 of these, the pelvic diameter was from two inches to two and three-quarters, the variation in the remaining 32 being from one inch to two inches. Dr. Simpson truly observes, that in this country the operation would not have been performed in the 30 cases in which the diameter extended from two to two inches and three-quarters. These measurements, it should be stated, refer to the antero-posterior diameter, and it seldom happens but that, on one side or the other of the pelvis, the diameter exceeds the diameter from the promontery of the sacrum to the symphisis pubis. In such cases, craniotomy would certainly be attempted in British practice. Dr. Lee, the most strenuous opponent of the Cæsarian section, does not give any positive admeasurement limiting the operation, but he states that the operation should be reserved for cases in which the pelvic contraction is so great that the os uteri and the presenting part of the child are entirely out of reach. He speaks, however, of a case of Sir Charles Bell's, in which the antero-posterior diameter did not exceed an inch, and when the space on either side did not allow of the performance of craniotomy, in which, in labor at the full term, the Cæsarian section was necessarily performed. Dr. Fleetwood Churchill gives it as his conclusion, after reviewing all the points relating to the subject, that when the antero-posterior diameter of the brim is not more than an inch and a half, there is no resource but the Cæsarian section. Dr. Rigby considers the operation unavoidable when the child cannot be extracted piecemeal through the natural passages, but does not give any positive measurements which would justify the operation. Dr. Meigs teaches that the operation may be imperative in different diameters in different cases; and he considers it impossible to fix a minimum diameter through which a woman may be delivered. He states that if we go to diameters of an inch or an inch and a half, the Cæsarian section is inevitable, but that he should not hesitate in one case to recommend it in a pelvis the diameter of which ranged from two to two and a half inches, when a patient was in imminent danger; while in another, and less pressing case, he would as certainly, with the same diameters, advise craniotomy. Singularly enough, Dr. Meigs relates a case where the diameter was not beyond two inches, in which he delivered by embryotomy on two occasions, but in which the Cæsarian section was afterwards performed twice successfully, and once under the sanction of Dr. Meigs. No alteration had occurred in the state of the pelvis between the dates of the operations for embryotomy and hysterotomy. Dr. Ramsbotham considers the Cæsarian section the only alternative in labor at the full term, when the antero-posterior diameter is one inch and three-eighths, and a space of three inches and a half at the brim laterally, or with an antero-posterior diameter of an inch and a half by three inches. In two of the cases occurring in London within the last few years, the pelvic diameters have been published. In one case the antero-posterior diameter was three inches, but out of this the rami of the pubes projected forwards, with a beak more than an inch in length, and about an inch in breadth. The distance between the tuberosities of the ischia was 1·2, and from the point of the coccyx to the symphisis pubis 2·8 inches. The child was saved. In the other case, the principal deformity was at the brim. The antero-posterior diameter measured two inches. From the sacral promontory to the right pectineal eminence there was also a space of two inches, and from the same point to the left pectineal eminence, two inches and a half. The diameters of the cavity and the outlet were not seriously contracted. The child was dead before the commencement of the operation. It is impossible to give too much credit to the distinguished practitioners concerned in these cases, for their candor and skill, but it may be questioned whether in both cases delivery might not have been effected by piecemeal delivery. At this point of the argument, we must inquire what are the smallest diameters through which a child at the full term has passed, either alone or with instrumental assistance. We have seen that Dr. Meigs delivered twice in a case where the antero-posterior diameter did not exceed two inches, and he distinctly states that he should not hesitate to undertake delivery in any pelvis of two inches in the antero-posterior diameter. I believe Dr. Lee entirely endorses this opinion, even if he does not go somewhat beyond it. In the celebrated case of Eliza Sherwood, in whom delivery was effected by Dr. Osborn, the antero-posterior diameter was only three-quarters of an inch, but there was a space on the right side an inch and three-quarters broad and three inches long. In the case related by Dr. Simpson, a fœtus, eighteen inches and a half long, passed through a cordate pelvis, so contracted at the outlet as to measure three inches from the coccyx to the symphisis, but only half an inch from the tuberosity of one ischium to the other. In a succeeding labor, hysterotomy was performed with a fatal result to the mother and child. In these and other cases of the passage or extraction of a child through a pelvis affected with high distortion, the child has been dead and in a softened condition, with complete separation or dislocation of the bones of the head. It may be said, then, that the limits for the performance of the Cæsarian section only range between a two-inch diameter of the pelvis from deformity, and its entire occlusion by exostosis. If cases ever occur in which the operation is necessary above two inches, they are instances in which death is threatened or certain, before the lengthened operation of embryotomy could be completed. Much discussion has taken place as to the relative value of the life of the mother or child in cases supposed to call for hysterotomy, particularly when the child has been sacrificed again and again in the same subject. But apart from the great danger to the child in cases of the Cæsarian section, I think the judgment of Dr. Meigs to be in accordance with the dictates of reason and humanity, when he says that this operation should never be performed upon the living subject, save for the preservation of the mother herself, and that it should be considered essentially as a mother's operation, only to be resorted to when the life of the mother is in great danger from the continuance of labor, than from the hazardous and almost certainly fatal procedure under consideration. The life of the child may be a great consideration *after* the operation has been decided on, but it should hardly enter into our calculations *before* that time.

When a patient has died suddenly, or in any other way, during labor, or in the latter part of pregnancy, there can be no hesitation about the performance of hysterotomy, where the child is suspected or known to be alive. Under such circumstances, the operation should take place as quickly as possible after the death of the mother. It was probably in such cases that the operation was in the first instance performed. I have elsewhere spoken of the performance of gastrotomy in cases of ruptured uterus, where the child has escaped into the peritoneum, and cannot be delivered *per vias naturales.* This operation is also necessary in some cases of extra-uterine fœtation, when death is threatened from the irritation of the fœtus.

Hysterotomy is not a difficult operation. The temperature of the room should be raised, with a view to the prevention of peritonitis, and chloroform administered, unless some special contra-indication exists. The abdominal incision may be made in the direction of the linea alba, or it may be oblique or horizontal, according as the configuration of the abdomen is altered by deformity. The situation of the placental attachment should be avoided, if this organ be attached anteriorly. This may be learnt by ausculation before the operation is commenced. Great care is required in opening the peritoneum, so as to avoid wounding the intestines. The abdominal incision should be from eight to ten inches in length; and the uterine incision should be of nearly the same length. Some have advised that the liquor amnii should be evacuated before the commencement of the operation. When the amnion is punctured through by the uterine incision, care must be taken to let as little of the fluid as possible enter the peritoneal cavity. It is recommended to be removed carefully with pieces of sponge or a syringe. When this has been evacuated, the fœtus is to be taken out cautiously, as in some cases the uterus has grasped the body or neck of the child at the wound, and rendered its extraction a matter of difficulty. The placenta is to be separated by the hand, and hemorrhage arrested by mechanical pressure, or the application of cold, the risk of peritoneal inflammation being the only objection to the latter. After the removal of the placenta, and the cessation of hemorrhage, all blood and fluid are to be carefully removed from the peritoneum, and the edges of the uterine and abdominal incisions brought together and maintained by sutures. The external wound is further to be dressed lightly with strapping and wet lint, and the whole supported by a many-tailed bandage, space being left for the exit of discharge. After the operation, large and continued doses of opium, with nutriment and stimulus in good quantity, appear to offer the best chances of recovery. Throughout, every care should be given to the avoidance of peritoneal irritation as far as possible; the escape of the bowels through the wound; and the suppression of hemorrhage. Dr. Aitken has recommended that the operation should be performed under water, with a view to defend the peritoneum and other structures from contact with the external air, but I am not aware that his suggestion has been carried out in practice. As already mentioned, art and the most careful modes of operating, can do little towards insuring the safety of the patient under hysterotomy. There is one point worthy of consideration—namely, that patients operated upon in the country have done better than those operated on in great cities; and it is probable that a good air does more than the most skillful surgery in such cases.

ON THE CLASSIFICATION OF MINERAL WATERS.

By Dr. Patissier.

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As soon as chemical analysis had laid bare the principal elements entering into the composition of mineral waters, a classification was attempted on the basis of these elements. Monnet, Fourcroy, Duchanoy, etc., established a great number of divisions which according to our view were superfluous, since they complicated the study they were to simplify, and were without any practical utility. We believe with Bergman and the majority of practical chemists, that a chemical classification of mineral waters should be founded on their chief mineral constituent, or at least upon their most active principle. We therefore divide mineral springs into five classes: acidulous: alkaline; ferruginous; saline and sulphureous waters. These divisions are doubtless essential, and should not be neglected, since they collect in the same group, mineral springs, whose chemical aggregates are analogous and allow us to foretell and explain occasionally their curative properties; in a chemical point of view, they are insufficient, since there is frequently a want of direct correlation between the composition of these waters and their therapeutic effects; many springs whose elements are identical, produce totally different remedial results. Thus the springs of St. Sauveur and Barèges, whose composition is nearly similar, can not be prescribed for the same diseases; again, springs, whose chemical analysis has declared them to be composed of totally different elements, possess analogous medical properties; thus the sulphuretted and the chlorinated springs, are equally efficacious against confirmed struma. Again, many springs, which may be said to be chemically indifferent, that is, contain no active ingredient, are extremely salutary, and possess a high reputation, without its being possible to assign any cause for their efficacy, such are the springs of Bagnères de Bigorre, Wildbad, Schlangenbad, Gastein, etc.

It is therefore a mistake to suppose that the therapeutic employment of mineral waters, is always a consequence of their chemical composition, and that it is sufficient for us to have an accurate analysis, to discover their medical properties. Long before the discovery of iodine, bromine or arsenic, clinical experience had recognized the curative powers of springs which contain these metalloids. It is with mineral waters as with opium, quinine, camphor and a host of other remedies, whose employment is derived not from chemical analysis, but from the effects of these substances observed upon our organism; we are, however, far from repudiating the aid of chemistry—she is a precious auxiliary to practical medicine, whose teaching, however, should always hold the first place in our minds. Led probably by these ideas, some hydrologists, such as Kreysig, Leon Marchant, Chenu, Guersant, Constant, Alibert and others, have essayed to classify mineral waters, more after their physiological action upon the system, than after their chemical composition. Guided by the same principle, we have, after long meditation, conceived the idea of realising the desire of a celebrated physician of the last century, viz: Tissot, who, in his essay on nervous diseases, says: "Thermal waters are divided into a certain number of classes, the various members of each class, only differ a little more, or a little less in their effects; in prescribing these waters, it is only essential to know to which class they belong—and whether they are the *strong* or *weak*, of their class; as soon as this classification and scale is obtained, the only thing necessary for choice, between those which are of the same power (for there are several) will be the circumstances of the patient, and the customs which prevail at the springs." It is exactly this labor which we have undertaken; we have gone, however, a little beyond the intentions of the judicious physician of Lausanne, we have applied the classification which he proposed to the springs considered as a whole, as well as to each particular division.

Governed by this idea, that all springs, whatever their composition, are stimulant, and that they only differ as to the greater or less degree in which some exalt or excite organic actions, while others depress and diminish them, and that these physiological effects are the most essential and the easiest to describe, inasmuch as they strike our senses the most perceptibly, we have divided all mineral springs, (not however to the total exclusion of their chemical characters) into two great families, viz: hypersthenic springs, or those which are excessively exciting or strong and hyposthenic springs, or those which are exciting in slight degree, or mild, refrigerant waters. This method of regarding and of classifying mineral waters, we trust, will satisfy the practitioner, who, before prescribing a course of waters, ought above all things to know, if the spring stimulates and fortifies, or if it depresses and calms: and it will also give him the power of choosing that water which is the best fitted, for the condition, temperament, age and constitution of the patient. This division seems even established by nature, for in those watering places, which are the best known and the most frequented in Europe, viz: Bagnères de Luchon, Cauterets, Barèges, Aix, Vernet, Vichy, Forges, Spa, Kissengen, etc., we find springs whose therapeutic power, is so shaded down, that the physician can suit them to all the necessities of the hydro mineral treatment; he can essay them successively, until he has found that spring, which is the most suitable to the individual's case. It is also worthy of notice, that springs, which are at a very little distance from each other, and whose constituen-principles, are (according to analysis,) analogous, produce such totally different effects, that it is absolutely necessary to make a distinction between them in practice. Thus, at Barèges, the spring of Barzun, whose chemical composition differs but little from the most tonic springs of this region, possesses indisputable sedative properties.

These two hydro-mineral families, were consecrated by empiricism and public notoriety, long before they were recognized by medical experience, and what proves it, is the fact, that the great bulk of those who visit the hyposthenic springs, is composed of women and of men of a delicate fibre, while the hypersthenic waters, whose medical properties are energetic, are especially frequented by men and those of a stronger temperament. We must not forget, that, in most instances, our knowledge of mineral waters, is the result of tradition and empiricism, which are not always blind. Tradition has taught to the neighboring population, the remedial virtues of the springs in their midst, and one is astonished to hear these people state the properties of their springs, with as much precision as the medical inspectors. These ideas are based upon the many cures of patients, who are seen on their return from the springs, or upon the evils, which some experience from their effects. This differs, (says Briende in his work on Thermal waters) from the celebrity of a spring suddenly discovered in a large city; this in fact frequently owes its miraculous virtues to the laboratory of a physician.

By reducing the innumerable mineral springs, to a small number, according to our therapeutic division, our classification much simplifies their study and their employment by the practitioner; it introduces order in place of disorder, and destroys the chaos into which hydrology is plunged. In medicine there are so many things to learn, that we cannot do too much to facilitate their study; *vita brevis, ars longa*; life is short, the field of science vast—mineral springs should certainly occupy but a limited space. The enormous number of sanitary waters, in France and in other countries, affrights the practitioner who consults the special treatises on Balneology: but he becomes re-assured when he sees that the majority of them are identical, substitutive, can be used for the same purposes, and although they may present a difference in chemical composition, are similar in their therapeutic properties. The multiplicity of sanitary springs no more embarrasses science than the multiplicity of medicinal plants; it is in fact a real benefit for suffering humanity; for if the rich have the leisure and the pecuniary resources, to travel to the more distant springs, and there seek those appropriate to their diseases, less fortunate individuals, can find nearer home, the means of alleviating their sufferings. Thus St. Nectaire and Vals, are the Vichy of the middle classes, Ems, is the German equivalent for Vichy, Evian, the Vichy of Savoy, and Neris, Bains, Plombières, Ussal, Bagnères may replace Chaud-Fontaine, Schlangenbad, Teplitz, Wildbad, Gastein, etc., in a host of pathological conditions. We may add, that the same spring, although physiologically indicated, is not good for all constitutions, there are springs, which appear injurious to one constitution, which are beneficial to others; thus a patient who does not improve at Vichy, is frequently cured at the analogous waters of Royat, Ems, or Evian.

What authorizes the institution of these two hydro-mineral families, and which gives it a true practical interest, is the fact, that it perfectly corresponds to the two pathological conditions which chronic diseases often present. Thus many present a truly asthenic character, and show a great diminution of energy in the phenomena of vitality; others on the contrary are subacute, and present an erythism, the result of vascular or nervous irritation. In the former case, the physician will send his patient to the hypersthenic springs, in the latter to the hyposthenic : the sagacity of the practitioner must decide where it is necessary to diminish organic action, or where it behooves to come to its support. This differential diagnosis, it must be confessed, is not always easy, it must be based upon the general condition, the organ diseased, etiological circumstances and the effects of anterior treatment. Thermal practice is not as easy as is supposed. Let us not deceive ourselves: without a profound knowledge of pathology, it is impossible to employ rationally, the balneological materia medica; a mineral water may become injurious, if he who prescribes it, is ignorant of the pathological conditions necessitating its employment. Before studying therapeutics, we must study pathology, which is the compass of hydrology. Although our classification possesses the great advantage of uniting in the same category, springs which have the greatest therapeutic affinity, and thus simplifies their administration, we are, however, far from agreeing that it is perfect; it is incomplete and too restricted, since it does not include mixed springs, that is those of medium power, and does not recognize the alterative property common to all mineral waters; we feel those defects, but they are inevitable. With mineral waters it is as with some of our most active medicines; their complex properties do not allow us to place them in any fixed class: thus opium, is both exciting and stupifying: mercury, iodine and arsenic are both stimulants and alteratives. Nature who works by imperceptible gradations, does not always bow to our arbitrary distributions; to multiply distinctions, is to embarrass our art with superfluous difficulties, and fatigues the memory instead of assisting it. Since, however, classification is indispensable for study, that one is the best, which gives us the most salient points and the most distinguishing characteristics; it is thus that the naturalists have acted.

Without doubt the partisans of the Italian school will find our first family superfluous, since in their estimation, all springs are hyposthenic: but this doctrine is a hypothesis, which cannot be seriously entertained, since it is in flagrant contradiction with clinical facts. Do we not see, that a large number of those who use the waters, complain of a partial or general excitement. We do, however, agree, that applied to the springs, which we have called strong, this opinion is specious and has a certain semblance of truth. These springs do in fact produce in valetudinarians of the nervous, or sanguine temperament, on the fifth or seventh day of the cure, a stimulation so strong, that the vital force seems to concentrate itself on the affected organ; now since according to a law of our organism every excitement is succeeded by a corresponding amount of debility, there occurs towards the ninth or twelfth day all the external appearances of weakness, such as coldness of the extremities, pallor of the face, smallness of pulse, etc. All these secondary phenomena are in proportion to the exaggeration of the minero-thermal stimulation. Our method of hydrologic classification, will not probably be admitted by certain medical inspectors, who possessing but one very active spring, rich in mineral principles, pretend to make at will, according to necessity, a soft, hyposthenic water, by diminishing its energy by admixture with simple water. Such a process is opposed by all clinical observation. We recollect a very nervous patient, who desired to go to the springs of Mont d'Or, in order to cure himself of a chronic gastro-pulmonary irritation. The treatment was conducted with a great deal of prudence: the Rhenish water was prescribed in a small dose, mixed with milk, baths were used diluted with plain water; despite all these precautions, the patient towards the twelfth day of treatment became the prey to such an excess of excitement, that he was obliged to leave Mont d'Or and go for relief to Neris. Bagnéres de Luchon possesses warm sulphurous springs. M. Fontan, desiring to imitate the springs of Bonnes and Cauterets, reduced the Luchon water to the degree of sulphuration and temperature of these two springs: treated by these bastard waters, chronic chest affections (which should have been cured by them) were aggravated instead of being relieved. In a similar manner certain speculators imagine, that with Burgundy wine they can imitate at will the wines of Bordeaux, of Malaga, of Madeira, etc.: although these wines may be chemically identical, the stomach protests against it, and will not be deceived; so difficult is it for art to imitate perfectly and rival the products of nature. Practical hydrology rejects all mixtures, even those from different springs. Mineral waters are only salutary and capable of being beneficial, when used in the condition in which they issue from the earth, and not as art can prepare and combine them; at all times, however, it must be understood that the temperature of the bath must be accommodated to the exigencies of the patient.

Each of the two families into which we have divided mineral waters, presents certain general characters, physiological and therapeutical; we describe them in the following tables, so that the reader can easily see the difference.

GENERAL, PHYSIOLOGICAL AND THERAPEUTIC CHARACTERS OF THE HYPERSTHENIC MINERAL WATERS.

1. *Physiological Characters.* Under the influence of the hypersthenic waters, taken internally and as baths, the heat of the body is augmented, sensation is increased, a general or local febrile condition is produced: these effects are not of long duration. This stimulation is soon succeeded by symptoms of relaxation, of atony; the hydro-mineral excitement becomes dormant; still by rousing the torpid functions the organic powers are called into action; plasticity is given to the blood and the lymphatic is changed into the sanguine temperament.

2. *Therapeutic Characters* The medical effects of the hypersthenic springs are so energetic, that they must be carefully watched by the physician; they succeed better, according as the patient is of a phlegmatic temperament, is but little irritable, that the affected organ is not in a state of inflammation, and that a state of general atony exists. This powerful remedy may be used, whenever we wish to give tone, and increase the activity of the secretions, to derive to the surface, and to combat the inertia of the lymphatic system; thus these waters are better adapted to the treatment of chronic diseases of long standing than in those of a more re-

cent date: they are specially reserved for inveterate chronic diseases, which will only yield to a smart shock and a strong revulsion from without; the more energetic they are, the more careful must we be in their employment and the greater the number of contra-indications against their use. In fine, we may employ these waters in all atonic, torpid and indolent affections of the lymphatic, nervous, sanguineous, muscular and cutaneous systems.

GENERAL, PHYSIOLOGICAL AND THERAPEUTIC CHARACTERS OF THE HYPOSTHENIC MINERAL WATERS.

1. *Physiological Characters.* Taken internally or as baths, the hyposthenic springs are soft, unctuous, calming, reducing the too exalted organism, producing a gentle vital expansion from the centre to the periphery- and regulating the nervous and vascular system: they act principally on the secretions—to a very slight stimulating property, they unite a sedative power, they moderate vital action without debilitating it, and absorb the excess of caloric disengaged from the system—they constitute an excellent and safe tonic.

2. *Therapeutic Characters.* Although the action of the hyposthenic springs is slow and almost imperceptible, this defect becomes a virtue in those cases, where a more active property would be injurious. Prescribed in proper cases, they soothe or cure, rarely do they injure; they are usually very successful, because, instead of opposing nature, they second its critical efforts for the elimination of morbid matters, by the secreting organs. Persons of a frail delicate constitution, those who are subject to spasms, and those who suffer from subacute disease, derive benefit from the salutary effects of these waters. They are indicated in all cases where the nature of the disease, the organ injured, and the constitution of the patient forbidding an active treatment require one, at the same time gentle and slightly stimulant; they exert a calmative, anæsthetic action on the vascular and nervous systems: their application is much more extended than that of the hyposthenic springs. In fine, they may be used with advantage in all sub-acute irritable affections of the nervous, sanguineous, lymphatic, muscular and cutaneous systems.

Such are the differences, both physiological and therapeutic of these two fundamental divisions; they are sufficiently distinct not to be confounded. Far from being the fruit of imagination, we affirm they are deduced from clinical observations rigorously analysed. They, however, owe certain important modifications to the predominant chemical elements which characterize each class of mineral waters, such as the carbonate of soda, iron, sulphur, etc. Our exposition explains in a satisfactory manner a practical fact, which strikes with astonishment physicians who are strangers to hydrology, and that is, that with few exceptions, one can treat with success, by any of the springs, the same chronic diseases. These diseases, it is true, bear the same name, but we must not from this fact, fall into error; they are not the same pathologic individualities. The hydro-mineral treatment acts, under these circumstances, like all other remedies. In fact, every reflecting practitioner sees each day, that maladies bearing the same name, having the same seat, and uniting the same amount of symptoms, require curative methods, whose action is dissimilar; and reciprocally, diseases bearing a different name, whose seat and sympathies are different, are relieved by a similar treatment. Now this confusion which constitutes the great difficulty of therapeutics, this apparent contradiction, on which has been founded a specious argument, against the intrinsic powers of mineral waters, arises from the pathological conditions, that is from the state of the involved organ, from etiological circumstances, from age, sex, temperament and constitution, facts which the physician must take into consideration, if he wishes to treat disease rationally: he must not treat rheumatisms, skin diseases, scrofulas, etc, but those who suffer from rheumatism, skin diseases and scrofula. We may conclude by saying, that all hydro-mineral therapeutics rest in the curative indications and pathological conditions of the patient.

EDITORIAL AND MISCELLANEOUS.

Medical Schools, No. 4.—*The American Medical Association and the question of Medical Education—How nearly has the New Orleans School of Medicine conformed to the proposed standard?*—There are some questions on which a certain class of men do not like to reason, either because their own pet theories, or even practice, might not resist the powerful influence of the crucible, or because the process might be subversive of mere individual pecuniary interests. For ten years past our professional brethren, from Maine to California, have been laboring to solve one of these perplexing questions, and, for the reasons above, the consummation of the end so earnestly sought by all the real friends of Medicine, would seem, at last, almost indefinitely postponed.

All our readers know that there exists in this country an organization of medical men, called the American Medical Association; they know that it has now been in existence ten years; that it meets annually at some convenient point in our country for the transaction of business; that it is composed of delegates from all regularly organized State and County Medical Societies, all regularly organized Medical Schools, etc., etc.; that it is thus a national congress of American physicians and surgeons: they know all this, but do they know the real spirit in which it originated?—the evil which called it into existence? We are constrained to believe that many do not know this, and we cannot think that it is out of place for us, in a very few words, to inform them.

All who are familiar with the transactions of this Association know full well, that the great and engrossing topic at all its meetings has been "Medical Education:" nothing more nor less than a general and all-pervading sentiment, that the standard of medical education in this country was too low, and that the tendency was still to retrograde, rather than advance, ever called together annually such large bodies of the best men in the land. Read the transactions of the first meeting, and we there find the subject of medical education standing forth far the most prominent topic in the hearts of all. There we find an able and elaborate report from a special committee, presented, discussed, and adopted. That report, even had it been deemed imperfect by some, could not be denied to possess the ground work, at least, of a great, a good, and an easily attainable reform in medical teaching—and, consequently, medical education—in the United States. The essence of this report may be entirely merged in the two great and fundamental points — 1st, extension of the lecture term; 2d, the truism, that every system of medical instruction which does not rest on the basis of practical demonstration and clinical teaching is necessarily defective. From that day to this there has been a struggle (if we may be allowed the term) between the Association and the Medical Schools in the country—the one ever agitating the question to which it owes its existence, and on the successful issue of which its existence depends; the others jealously fighting against an imaginary usurpation of power, and a dreaded despotic control of their movements.

But recommendations were made to the schools by this Association, and all reasonable men inferred that it would at least be true to its own recommendations. Of course, no great system of reform was to be established in a day—the Association was not a "vigilance committee," to awe men into subjection, and the University of Pennsylvania and the College of Physicians and Surgeons of New York *began* the reform by lengthening the lecture term—the one to five and a half, and the other to five months. Did the Association take the first efficient step towards encouragement of these schools? No, they patted them on the back, and cried hurrah! but rival schools, who *resisted* the properly expressed will of the profession, got all the students. Instead of medical men throughout the land, sending their pupils to these two colleges, the next class of the time-honored old University actually diminished in number, and now the first great death-blow was struck at the Association: the money-chord of the professors was rudely struck, and its vibrations have never yet ceased to ring through the halls of the noblest Association of medical men the world ever saw. Altogether unequal to the contest, or not possessing that true moral courage which ignores all difficulties in the struggle to attain a noble end, the University and the College from that day betook themselves to themselves again, and the Association has ever since been ruled by the schools; until, at the last meeting, we see a member (a professor in a medical school) rise and offer the following resolutions:

"*Resolved*, That this Association has not the power to control the subject of medical education.

"*Resolved*, That the great objects of this Association are the advancement of medical science, and the promotion of harmony in the profession."

Resolved, That the attempt on the part of this body to regulate medical education, having most signally failed in its object, and already introduced elements of discord, any further interference with the subject would not only be useless, but calculated to disturb and distract the deliberations of the Association."

Very modest, quite progressive, rather thunderboltish—in fact, altogether worthy of the palmiest days of *Sam;* but completely extinguished by a good old-fashioned, genteel, and rather democratic set of resolutions, which asserted quite the contrary, and were readily adopted by the Association.

But here we leave the subject of the Association, its objects, powers, etc., promising to recur to the same in future numbers. We have now to say to the world, that a new medical institution has been established in this country, which proposes to do fully as much as, if not more than, the most zealous advocates of medical reform in the United States have ever suggested—always barring the matter of preliminary education, which is a matter altogether beyond the control of medical schools, and can and should be managed by private preceptors and others: all of which, however, we will discuss hereafter.

We assume that New Orleans possesses advantages for the student of medicine superior to those of any other city in the United States. This is a broad assertion, but one ever capable of being thoroughly defended by facts, as they exist. We have here a hospital, whose gates are never shut on the physician or the student of medicine; every seeker after medical knowledge can at all times have access to every bed in the institution. Is this the case in any other city? In this hospital, from nine to fifteen thousand patients, laboring under every species of disease, and coming from all parts of the world, are treated annually; and even when our community is enjoying a state of health equal to that of any other city in the land, the student will rarely find fewer than four or five hundred patients in the forty wards of the institution. In the very "medical metropolis" of the country, is this equalled? By the rules of the institution, the physician or surgeon who treats a patient in the house, has the privilege of examining the body, in case of death; and all bodies not claimed by friends within a specified time are the property of the dissecting room. Is the study of pathology and anatomy elsewhere thus encouraged? In all other respects New Orleans is on an equality with any other city in the Union. We have seen them all, and we speak positively.

Within thirty steps of the greatest hospital in the land, then, a new medical institution has been built up, by private enterprize, whose motto is progress and reform. The New Orleans School of Medicine has been born of an evident necessity for the existence of two schools of medicine in our great southern city, together with an honest conviction on the part of its projectors, that reform in medical education was essential to the well-being of the profession in our country. In this Institution are taught Surgery, Theory and Practice of Medicine, Physiology, Materia Medica and Therapeutics, Medical Chemistry, Medical Jurisprudence, Anatomy, and Obstetrics—all that any institution in the land does. But this is not all. The Report adopted by the American Medical Association, and before referred to, insists "that a knowledge of Practical Medicine can only be obtained by the agency of practical instruction;" and "that an adequate course of Clinical instruction can only be obtained in hospitals; and that, although the Clinics may be advantageously added, they are an inefficient substitute for hospital teaching; for in hospitals only can the progress of disease and the results of medical treatment be observed with full benefit to the student of Medicine." Concurring fully in the foregoing sentiments, and satisfied that the teaching of medical schools in this country, even where they are most favorably located, is seriously defective, the Faculty of this Institution resolved to give *daily bedside instruction* to their pupils. Under the system adopted, the student has access to the bedside of the sick as soon as he has taken his breakfast, and he is not called to the lectures in the College-building until 10½, A. M. Then, there is but one afternoon lecture in the College, and the student who desires it has the privilege of again visiting the patients he may be watching. The hospital is at the very door of the School, and he loses no time in visiting it. Moreover, it is not here as it is in other large cities, viz: that two or three members of the Faculty devote themselves to instruction of the class at the bedside; no less than seven, out of ten, of the Faculty of this Institution, are visiting physicians and surgeons to the hospital, and they all give *daily* instruction to all who follow them in their wards. Is there another school in the land where similar, or, rather, equal advantages are offered? Not one.

But, more than all this, the Faculty of this Institution have successfully established a Free Dispensary, in the College-building, where already (in five months) nearly 600 patients have been treated, and the number is increasing with each day. The doors of this Dispensary are thrown open three times a week; and here the industrious student has the best opportunities for studying the art of diagnosis, compounding medicines, etc., etc. This is not only a new feature in the medical schools of this part of the world, but it is an entire and successfal innovation on the established customs of our community. Its statistics show it, in its very incipiency, to be equal, in all that relates to its usefulness to the student of medicine, to any similar institution in the land.

Yet not here is the end. Fully impressed with the importance of thoroughly instructing the student in the practice of his profession, and satisfied by experience of the imperfect manner in which the medical schools of our country are organized in this respect, the Faculty of this Institution have established two entirely new Chairs—one of which is calculated to share the labors of the Chair usually known as that of "Theory and Practice," thus affording the student something like a certainty of receiving a *quid pro quo,* and at the same time giving to Physical Diagnosis its proper position in the curriculum of studies. The last year's experience proves that the establishment of the chair of Clinical Medicine and Auscul tation and Percussion, is an entire success in the way reformatory action.

What shall we say, then, of the establishment of still another Chair—that of Diseases of Women and Children? Here is a piece of reform which not even the most sordidly interested can for one moment question. We undertake to say, that no man ever graduated in a medical school in the United States, satisfied with the amount of instruction he had received on the subject of Diseases of Women and Children. Aye, and how many have ever received any instruction at all on this important branch? We do not exaggerate at all when we say, that the subject of diseases of women and children is only known in the circulars of medical schools, and that the student who expects a professor of Obstetrics to instruct him in both branches, must always be disappointed. About sixty lectures comprise the course, and Obstetrics alone will absorb all these hours, if properly taught. The New Orleans School of Medicine has indeed worked reform, then, in teaching, for the first time in our country, the diseases of women and children. And in this, as in other practical branches, the instruction is not confined to the lecture room; the professor has wards in the Hospital, and drills his pupils at the bedside as regularly as the morning comes.

Is this all? No, practical surgery is also taught in this school, both at the bedside and in the amphitheatre. Dissecting material is abundant, and the Professor of Surgery makes the best use of it. It is another thing to see a dislocation reduced, or a limb amputated, and merely to have the operation described in abstract lectures. The principles of surgery are fully discussed, and its practice is fully *demonstrated.*

To accomplish all this, the Faculty of this Institution found it necessary to adopt the other great recommendation of the American Medical Association, viz: the extension of the lecture term. In the incipiency of the enterprise, and with its friends expressing doubts, the Faculty determined to adopt the five months course, and test the sincerity of the medical profession in their loud calls for reform. Thus far the innovation has succeeded, and the Faculty are ready to extend it to *six* months, if supported by those who should be their patrons.

Yet this is not all. It has become fashionable for medical schools to deliver what are called summer courses, and some have even gone so far now as, after resting a few weeks from the winter campaign, to set right to work on another sixteen weeks course, at the end of which the degree of M. D. is regularly conferred on those applying for it. We speak knowingly, when we say that such courses are but a repetition of the winter course just delivered. Most of the schools are closed in the summer, however, and only advertise a "preliminary course" in the fall, of a few weeks, to which all students of medicine are invited. Dissenting from all these plans, the Faculty of the New Orleans School of Medicine have marked out a plan which seems far better calculated to accomplish the desired end. From one year's end to another, the Faculty may be found making their daily visits to the great Charity Hospital. A few weeks rest after the arduous winter's course, and then their students can follow them day by day at the bedside, and thus acquire a practical knowledge of medicine and diseases. True, a few weeks before the commencement of the winter course, some of them propose to give preliminary lectures on special subjects, but it is to the wards of the Hospital and to the Dispensary, that the student is specially invited. Already is the innovation successful, and we see this summer that which is entirely new in New Orleans, viz: students who are not inmates of the Hospital, and who are from the neighboring States, remaining throughout the summer for the purpose of studying disease.

We have said before that the New Orleans School of Medicine was more conveniently located than any other school in the land. In its organization the Faculty had an especial eye to its being convenient to the great institution from which the student was to derive his practical information, and it is at the very gate. At the same time it must necessarily be supplied with all the apparatus, museum, etc , etc., peculiar to a first class institution. All of this is done. The building is unsurpassed in the country. The lecture rooms are capable of comfortably seating from three to four hundred students, and they are well lighted, warmed and ventilated. The museum already contains everything necessary for the complete demonstration of all the branches, and large additions are now being made by new importations. Every article is of the most select character. A large and well selected library will be in place at an early day, and the Faculty hope to make it useful to the profession. The laboratory of the chemist is complete in all its details. The dissecting rooms are large, well lighted with gas, and amply supplied with pure cistern water from the roof of the building. Our Legislature, at its last session, granted a donation of $20,000 to the institution, and it is being judiciously expended. A large wing is being added to the building. The first floor will be fitted up as an assembly room for students—a desideratum most heartily acknowledged by all; the second will be arranged for Dean's room and Janitor's room; the third will be an additional museum room, and the fourth will be an additional dissecting room. By this means the Faculty will be enabled to devote three rooms to dispensary purposes—one for males, one for females, and one as an apothecary shop. Besides all this, there will be ready a fine dissecting room for graduates who matriculate in the school, where they can be entirely to themselves.

If, then, thorough and liberal arrangement, together with an unswerving purpose, each man to do his duty, and to push forward the work of reform —if these will insure success, then are we sure of it. In the mean time, we await the issue with confidence. We assume the ground, that the American Medical Association *has* "the power to control the subject of medical education," in the right way, and we shall always lend our voice to aid her in all proper efforts to attain that end.

PROFESSORIAL CHANGES.—From the Medical News and Library for June, we learn that "Dr. R. M. Huston has been compelled from ill health, to resign the Professorship of materia medica and therapeutics" in the Jefferson College. No successor is yet announced.

From the Southern Medical and Surgical Journal for June, we learn that Prof. G. M. Newton has retired from the chair of anatomy in the Medical College of Georgia, and Dr. Henry F. Campbell, late Professor of surgical, comparative and microscopic anatomy, has been unanimously elected to fill his place. At the same time, the Faculty of the Medical College of Georgia passed a resolution abolishing the Professorship of surgical, comparative and microscopic anatomy, and changed the title of the professorship of Anatomy to that of "Anatomy, Special and Comparative."

Dr. J. C. P. Wederstrandt has resigned the professorship of anatomy in the medical department of the University of Louisiana, and Dr. J. C. Nott, of Mobile, Alabama, has been elected to fill his place.

Dr. A. F. Axson has retired from the chair of physiology in the New Orleans School of Medicine, and Dr. Anthony A. Peniston has been unanimously elected to fill his place. At the same time, Dr. T. S. Clapp, of

New Orleans, has been unanimously elected to the chair of Adjunct Professor of Anatomy in the New Orleans School of Medicine, made vacant by the promotion of Dr. Peniston.

The patrons and friends of the New Orleans School of Medicine have been apprized of this through the circular of the institution. They will there see that motives of a purely personal nature impelled Dr. Axson to the step he has taken. It is, of course, a matter of serious regret that one so well qualified for the important post as Dr. Axson should have to withdraw from the institution, but this regret, so far as the interests of the school are concerned, is at once largely mitigated by the consciousness of the chair being at once filled to the entire satisfaction of the Faculty. Dr. Peniston needs no praise at our hands, yet we cannot withhold the expression of the real pleasure we feel in seeing him thus promoted. In the organization of the School it was necessary that some one of the ten who projected the enterprise should assume the position of adjunct professor of anatomy. With the utmost cheerfulness Dr. P. accepted the arduous post, though he knew well that his confrères fully appreciated his entire qualification for the more responsible position which he now holds, and to which he modestly aspired. Physiology had always been his favorite study, though, of course, the close study of this branch had made him thoroughly acquainted with anatomy, and thus fitted him for the post at first assigned him. He graduated in this city, but ever ambitious to excel in the profession of his choice, and which he really loves for its scientific attractions, he went to Europe and remained there three years under the very best masters. But of them all, Bernard and Robin were his favorites, and because they instructed him in his favorite branch. The readers of this journal cannot soon forget the chaste and elegant style in which he reported some of the lectures of Bernard on experimental physiology.

And now, true to his ambition, and determined to excel, Dr. P. has returned to Paris, where he will remain all the summer under the private tuition of his old masters, and we predict for him a rare success as a teacher of physiology. Physiology is progressive, and it requires progressive spirits in this country to cast that interest around the chair which will charm the student. American students of medicine are disposed to neglect the important studies of chemistry and physiology, and it is because they are not, as a general rule, unfolded to their minds as they really relate to the theory and practice of medicine. In the case of chemistry, instead of a systematic course of what is termed "medical chemistry," the student is regaled, or rather tired out, with an *olla podrida* of magnetism, thunder and lightning, light problems and blow pipes; and instead of physiology, experimental, chemical and microscopic, he is bewildered with abstruse or even worse than abstruse, dissertations on blood, brains and biology, without reason or experiment to satisfy his bewildered mind.

Dr. Clapp, of this city, has been elected to fill the place made vacant by the promotion of Dr. Peniston. Here again, we are disposed to expatiate on the qualifications of one well and most favorably known in our community, but it is needless. Dr. C. will succeed in the dissecting room, and he will always be ready to assume even more responsible positions.

YELLOW FEVER AND QUARANTINE.—Up to the present date (June 24th) we have not been able to find a single case of yellow fever in our city, nor have we even heard of a well authenticated case. The fact is, there is less fever, of any kind, than we ever saw at this season of the year. The Charity Hospital is always a fair index of the health of the city, and we venture to say that its wards are unprecedentedly clear of fever. So far, then, we have the promise of a healthy summer. Some of the prophets do not exactly like the present cool north-west wind; to them it looks yellow-feverish. We shall see.

Speaking of yellow fever—our Quarantine went into operation on the 15th June. Now, we make no pretension to much knowledge in quarantine matters, but it looks rather queer to one who has been in the habit of seeing yellow fever, (whether imported or not, we do not stop to inquire), in New Orleans even early in May, to see the 15th of June set apart as the commencement of action to keep the disease out of our community. No man will pretend to deny that yellow fever was here in 1855 before the 15th of June, and seeing the lesson has been so recently taught us, we now appear before the world either strangely oblivious of, or remarkably indifferent to the important teaching. At New York, quarantine exists from April 1st to November 1st; at Philadelphia, from June 1st to October 1st; at Baltimore, from May 1st to November 1st; at Charleston, from June 1st to October 1st: all these cities are more remote from the infected ports than New Orleans is—thus affording the disease a fairer opportunity of manifesting itself on board ship during the voyage, yet New Orleans begins her quarantine later than any of them, and at a date later by far than her inhabitants know it frequently appears here.

But the quarantine has been in operation for nine days now, and we learn that there are already 13 vessels arrived at the ground and undergoing the 30 days test. Three of these vessels are from Rio de Janeiro, five from Havana, and five from Matanzas.

Now, notwithstanding we are not prepared to express an opinion either for or against quarantine in general, we have always contended, and always will contend for the propriety of rigidly testing the experiment. Unless rigidly and most carefully tested, it can result in no good whatever. Yet we at the same time contend, that quarantine regulations must be founded in philosophy. Unless a vessel be absolutely infected when she arrives at the ground, we cannot see the propriety of keeping her *thirty* days in limbo. If she has yellow fever on board, then, well and good; keep her forty or sixty days; but if she is clean and healthy, it seems to us that a detention of eight or ten days will be quite sufficient to prove whether any of her passengers or crew will manifest the disease, at the same time due attention being paid to ventilation, etc. Moreover, a vessel may really have no passengers, and her crew may have been all acclimated; also, her cargo may be of such a nature as to make it altogether unlikely, according to experience, that she would, through it as a medium, convey the seed of the disease from one port to another: in such a case, it appears to us that ten days of ventilation would be all-sufficient- If we are properly informed, the nature of the trade between this port and those of Matanzas and Rio is such as we have thus indicated—few or no passengers, and cargoes not calculated to carry contagion.

But we have not room to *discuss* quarantine. According to our humble ideas, it is impossible to conduct it properly and subject all vessels, their cargoes and their passengers to one inexorable law. "Circumstances alter cases," and vessels and their owners must have the benefit of these circumstances. They will then become the friends of quarantine.

IODOFORM—*Messrs. Editors:* In a recent Number of the New Orleans Medical Journal, there appeared a short notice of Iodoform. As for several months I have used this substance in my practice, a few words respecting it and its mode of preparation may, perhaps, be acceptable. It is not to be considered a new remedy by any means, although it seems to have hitherto been but little used. A short notice of it is to be found in the United States Dispensatory, last edition, and there are formulæ for its administration, with a process for its manufacture, in Bouchardat's Formulaire Magistràl of 1853. One great reason, probably, for its disuse, may have been its great expense, but I append a formula by which it can be manufactured at a cost very little exceeding the iodide of potassium. The diseases in which I have employed it have been chiefly those affecting the urinary organs, such as enlargement of the prostate and irritability of the bladder.

It possesses no irritating property whatever—nay, acts slightly as an anæsthetic, and as it contains 90 per cent. of iodine, may replace that metalloid under every circumstance where it is required. The dose may be carried to a very large extent. I have employed with benefit a suppository containing thirty grains of Iodoform every night, in a case of enlarged prostate. No sensation at all is experienced. Some of my patients state that the first effect is cooling; and although there were present twenty-seven grains of iodine, not the slightest irritation or pain was experienced. In irritability of the neck of the bladder, I have passed a bougie smeared with an ointment of Iodoform, into the urethra, with benefit, owing to the anæsthetic property of the remedy. The largest dose I have administered internally has been eight grains, three times daily, although I have no doubt a much larger quantity may be prescribed with safety. I consider it applicable in all cases where we require to prescribe iodine or its compounds; and, owing to its innocuousness, it may be employed in large doses. One of my patients used, for several days, a suppository containing thirty grains of Iodoform, night and morning. After a few days, great debility and slight vertigo occurred, but no appearance of any local irritation.

There are several methods of preparing it, but few yield more than ten or twelve per cent. of Iodoform for the iodine employed. I have found that by far the cheapest and most convenient mode of preparing Iodoform is by the following process, which yields it in large quantity. We take one part of iodine, two of crystallized carbonate of soda, ten of water, and one of alcohol. The carbonate of soda is dissolved in the water, the alcohol added, and the temperature of the whole raised to 140° or 180° Fahr.; the iodine is now added, little by little, until it is dissolved and the liquid becomes devoid of color. Towards the end of the operation, the Iodoform begins to fall and forms a precipitate at the bottom of the vessel. The liquid, while warm, is filtered and the deposit collected in the filter. The mother liquor is now again heated to 140° or 180° Fahr., as before, and fresh quantities of carbonate of soda and alcohol, equal to the first, again added; a rapid current of pure chlorine gas is passed through the mixture, stirring all the while, so as to diffuse the nascent iodine among the mass of the liquid. If the process be well managed, the iodine is in slight excess during the whole operation, and the Iodoform is produced in abundance. When a large quantity has fallen, the current of gas is stopped, the liquid allowed to decolorize, again filtered, and the Iodoform collected and added to the first. The mother liquor may be again treated with fresh quantities of soda and alcohol, and chlorine passed through, when a fresh quantity of Iodoform will be produced.

This process gives from 45 to 50 per cent. of Iodoform for the iodine employed, and is, therefore, a most cheap and efficient mode of preparation. The liquor filtered from the Iodoform need not be thrown away, as I have proved by experiment, it contains all the rest of the iodine, in the form of iodate of soda, mixed with a small quantity of iodide of sodium and carbonate of soda.

If we evaporate this liquor to dryness, rub the residue with powdered charcoal, heat it to redness in an iron crucible, digest it with alcohol, and evaporate it to slow crystallization, we obtain the iodide of sodium in a pure state, and from this the iodide may be set free by the use of peroxide of maganese and sulphuric acid. By this means nothing is lost: all the iodine being obtained either as iodide of sodium or Iodoform. Iodoform usually falls as a pulverulent or crystalline lemon yellow substance, of a peculiar odor, to my mind, resembling that of the sea shore. It volatilizes so slightly at the ordinary temperature, that it may be considered a fixed substance; at 210° Fahr. it rise rapidly and may be sublimed, and is decomposed at 250° Fahr. Water dissolves about 1-1300 part, and acquires its smell and taste. It is very soluble in alcohol and ether; is not soluble in oils, but easily unites with them to form an ointment. It is insoluble in solutions of potash, but explodes violently with potassium.

I. L. CRAWCOUR, M. D.,
Prof. of Chemistry N. O. School of Medicine.

AMYLENE CAN KILL.—Dr. Snow, of London, who introduced amylene as an anæsthetic, reports a death, in his own hands, from the use of the agent. From all we have read of amylene, we have never believed that it would take the place of chloroform. The great idea, now that we have discovered the means of annihilating pain, seems to be that we should have a remedy which shall also be innocuous. It is praiseworthy enough in man to be thus devoted to the welfare of his fellows, but the search seems to us about as vain as was that for the "philosopher's stone." Really, chloroform seems to us about as harmless an agent as man can ever hope to handle. We have seen it administered now during nine years, and we have never seen any harm result. During the same time we have seen men come in contact with guns, pistols, walking canes, pools of water, etc., etc., etc.—all of which are not dreaded by mankind—and they have inflicted injury immeasurable; and yet a man who will play with a pistol will run from a bottle of chloroform. From the beginning of the world it has been the case, that all agents capable of exerting great beneficial influence must, at the same time, be capable of inflicting injury. Perhaps we are not very philanthropic, or have not even a proper care for our own personal welfare, but chloroform appears to us about as safe a remedy, to possess manifest power over the human frame, as man can ever hope to discover. Amylene can never rival chloroform.

CONVENTION OF MEDICAL EDITORS.—The Southern Journal of the Medical and Physical Sciences is out again in favor of a convention of medical editors. It seems that at the late meeting of the American Medical Association there were very few editors of medical journals, and on action was taken in this important matter. We were represented, however, and hope to be represented again at the next meeting, at Washington city. We are more than willing to enter into any arrangement, so that it be comformed to by all respectable journals, for improving the condition of things. We believe medical journals to be indispensable, and so do all medical men who have the interests of their profession at heart; we labor as editors for the love we bear our profession, without ever having indulged the hope of being pecuniarily remunerated for our services, and we contend that it is the duty of the profession *to pay the actual expense of the journals they read.* For reform in this and in all other respects that may be deemed necessary, we heartily acknowledge ourselves, and we will meet our brethren in Washington, next June, under the kindness of Providence.

WONDERFUL!—The Queen of England has given birth to another child. Dr. Locock attended her, but it was determined to give chloroform, and of course Dr. Snow had to be called in to give it. The Queen absolutely took it, and absolutely had her baby without knowing it! When will wonders cease? What a pity Queens could not hire somebody to have their children for them! It is unqueen-like to be *laboring.*

FEMALE DOCTORS.—The Virginia Medical and Surgical Journal says: "The Massachusetts Legislature has farther endowed their Female Medical College, despite the Governor's veto. It is said that the coarseness and vulgarity of the creatures licensed by this institution is only equalled by their ignorance."

The Massachusetts Legislature can hardly be blamed for this step, inasmuch as it is at this particular time deemed by all charitable men, *non compos mentis*—in other words, it is *crazy.*

But, speaking of female doctors, we were struck with an observation recently made by a lady. She said that a friend of her's had been attended lately by some female doctors in New York city, and that she was congratulating herself on having escaped from their clutches. She said that during their attendance, her feelings were indescribable; she was deprived of the valuable and courteous attention of a *gentleman*, and while she felt that she was the victim of ignorance, she saw clearly that her attendants had not the slightest claim to the title of *lady.* So much vulgar talk and street gossip was never dreamed of by a genteel physician in a life-time as she heard in one short illness. And such must female doctors ever be.

HOSPITAL REPORTS.—In our present number we open a new department in our journal—that of "Charity Hospital cases." It has ever been our desire to give our readers a mirror of the great Charity Hospital, and at one time we did furnish them some very interesting reports, but, for some time past, difficulties only to be appreciated by ourselves have lain across our path. In future we hope to give regular and interesting reports of some of the more important cases occurring from month to month, though it would be impossible, in our limited pages, to give a tithe of them.

THERE'S NO ACCOUNTING FOR TASTES.—Some months ago we touched up the Philadelphia Medical and Surgical Journal for what we conceived to be its sympathy with the renegade, J. V. C. Smith. It abused us roundly for our pains, and yet, evidently blushed, or tried to blush at being seen in such company. It tried to play indignant, too, and we were willing to give it credit for sincerity.

We regret to be obliged, as faithful journalists, to frown again on our neighbor. The Philadelphia Medical and Surgical Journal now publishes a long list of the "most popular prescriptions" of *James McClintock*, the man who was formally expelled from the American Medical Association, for vending quack nostrums. But the Medical and Surgical is not satisfied with this. In an editorial, it tells the profession that James McClintock "now publicly abandons the vending practice which he lately adopted;" that "he is likely to be elected to an important medical post in our city;" and it absolutely appeals to the profession, and "bespeaks for him a hearing."

This may be all right, but we cannot sanction it. So, forever, farewell to the Philadelphia Medical and Surgical Journal.

AN INTERESTING QUESTION.—Is it a fact, that the Massachusetts Medical College will graduate "persons whom they know will practice homœopathy?" And, by the by, does the Massachusetts Medical Society ever expel members who edit quack journals?

EYE QUACKS.—The Virginia Medical and Surgical says that "Richmond appears to be the paradise of eye-quacks." Turnbull seems to have been flourishing there lately. The fact is, Turnbull is an unprincipled fellow, and cruel withal. He cures his patients by throwing sand into their eyes.

But did he not diddle our good folks, too? He made money enough to make a really skillful and honest oculist, happy for the remainder of his days—and d—l a case did he cure either. But there is no use in kicking against the pricks; human nature likes to be humbugged, (especially if it be a foreign bug,) and the wisest plan is to give every man plenty of rope.

CHARITY HOSPITAL CASES.

Carefully noted by the Editors and other Medical Gentlemen of the Institution, assisted by D. S. Hunsaker, Resident Student.

EMPHYSEMA PULMONUM.—*May* 18, 1857. ——, a stout young Irish girl, entered ward 35. Said she had been sick between three and four weeks. Was taken with a very severe cold, and coughed incessantly and with great effort during many days. Cough gradually subsided, but she found herself laboring under difficulty of respiration, which, together with obstinate intermittent fever, forced her into the hospital.

At first glance she was pronounced a case of asthma, the respiration and expression of the countenance being characteristic. Closer investigation, however, proved her to be laboring under emphysema of the superior portion of each lung. The lung was extremely resonant on percussion, vesicular murmur was nearly entirely absent, and the expiratory effort was very much impeded. There was, also, present a dry condition of the bronchial tubes, emitting the peculiar râle freely in every direction.

The acute stage of the disease had evidently passed over, so she was put on the use of expectorants, with which valerian was prominently combined. At the same time, Quinine was administered with a view to breaking up the intercurrent paroxysmal fever, and in nine days she left the ward nearly entirely restored. As soon as the expectorants caused secretion of mucus into the tubes great relief was experienced, and the tendency to recovery was thence forward uninterrupted.

Albuminuria. — John Mahony, aged 36 years, native of Ireland—laborer, entered ward 16, Charity Hospital, on the 20th March, 1857—has been 27 years in the United States, in this city 18 years—came from New York. His health has been usually good, until about 18 months since, when he had Chagres fever—never had yellow fever or jaundice. He had intermittent fever about 12 months since, and embarked for Liverpool, thinking thus to get "rid of the fever and ague," but was attacked while on board of the vessel with swelling of the feet and legs—was treated in Liverpool at the Hospital, and was relieved in six weeks, so that he could go to work; remained well until about three months since, when he caught cold, followed by infiltration of the cellular tissue of the extremities—was treated in the Mobile hospital, but with no apparent benefit—then applied at the Charity Hospital for admission, as above; with swelling of the legs and body. Some emaciation; thoracic organs were found on auscultation to be healthy; urine found to contain an enormous quantity of albumen; appetite good; bowels regular. He was put on diuretic and cathartic treatment, but with no apparent benefit.

April 25th, 1857.

Dr. C. took possession of the ward and found the patient in the following condition, viz: very much emaciated; œdema of the etc, legs and body, with effusion into the peritoneal cavity. The heart was found healthy; percussion good anteriorly and posteriorly; auscultation good in left lung; sibilant and sonorous râles existing toward the base of the right lung; frequent cough accompanied with mucus expectoration. Pulse 80, full and soft; tongue moist and red at the point; bowels open and regular; urinated freely; complains of no pain; moves himself in his bed with difficulty. Ordered infusion of juniper berries, with cream of tartar, as a drink; two drops of croton oil at bed time; mistura glycyrriza for cough.

26th. Patient passed a sleepless night, owing to the frequent evacuation of the bowels, caused by the croton oil—slight cough. His urine was tested by heat, and found to contain an enormous proportion of albumen. Bowels now quiet; ordered pills of calomel, muriate of soda and powdered digitalis. Also, tartarized iron—porter and good diet.

The treatment was continued two weeks, but without benefit. He became enormously distended all over with serum. To relieve this acupuncture was resorted to, and at times he would be relieved a little. At last, breathing became difficult—for three days and nights he was comatose screaming wildly all the while. During this state of coma the fluids drained from him through the natural and artificial openings, until he was much reduced. He died May 25th, 1857. Autopsy was performed twelve hours after death. The liver was very much atrophied and hardened; kidneys hypertrophied, with granular degeneration. The vascular and tubular structures of these latter organs were blended into a homogeneous mass; the uriniferous tubuli of the vascular portion were entirely obliterated, and the pyramids of Malpighi were not at all perceptible; the substance of the organs was studded with fatty lumps, from the size of a pin's head to that of a pea—no examination of brain and lungs.

Skin Diseases—Service of Dr. T. Peniston—Case I—Rupia Syphilitica.—Michael Barry, native of Ireland, aged 40 years, was admitted into the Charity Hospital, ward 12, on the 27th May. He had been sick for three months previous to his entrance. Had had syphilis eighteen months ago; was cured in one month. Present condition: vitiated constitution, intemperate habits, bowels constipated, no pain, but general debility. Thoracic organs healthy. Has an eruption on the back, and superior and inferior extremities. Says that it first made its appearance in the beginning of March, in the form of vesicles filled with a clear fluid, which gradually became dark, opaque and thick, and then discharged; scabs of a dark brownish color formed, of a conical shape, lamellar, thickest in their centre, very much resembling an oyster shell. The eruption presents all the different characters of the disease, from the vesicle to the foul superficial ulcer, with inflamed areolar bases. There are but two diseases of the skin for which rupia is liable to be mistaken: pemphigus and ecthyma. The latter belongs to the pustular class; the former, to the same class as rupia (bullæ); though, the distinction presents no difficulty if the diagnostician be well acquainted with the different characters of each disease, which are laid down in all works on skin disease. The treatment pursued in this case was constitutional—improvement of the general health by cleanliness, warm baths, generous and nutritious diet, etc. He was put on the iodide of mercury, in grain doses, night and morning, for one week; then the liquor hydrargiri et arsenici iodidi was administered in ten drop doses, three times daily. He improved rapidly under the treatment and regained his general health. The eruption disappeared, but left indelible maculæ, of a livid hue. He declared himself well, and left the Charity Hospital on the 15th of June.

Case II.—Eczema Chronicum—John Gallagher, native of Ireland, aged 26 years, was admitted into the Charity Hospital, ward 13, on the 18th of May. Is a laborer. Has been in this city fifteen years. Has been sick three months, during which time he has received varied treatment, but with no benefit. His health has been usually good, but his habits are intemperate. Has been exposed a great deal. This disease has very much reduced him. The puritus is intense—worse at night—prevents him from sleeping much. His general appearance is good. Skin warm, tongue natural, abdominal organs healthy, bowels regular, urine free; no chest symptoms. Pulse 94, strong and full. Complains of violent itching. The eruption occupies almost the whole body, but is to a greater extent on the extremities, at the flexures of the joints, where the chaps and excoriations are deep. The skin is thickened with congestion of the capillaries of the dermis. The epidermis peels off in flakes. The discharge from the chaps and excoriations is abundant and ichorous, producing unbearable purritus, which occurs in violent paroxysms, and is augumented by scratching. In places, the vesicles have discharged, leaving dessicated yellowish-brown lamellar crusts. On the hands and feet there are deep cracks or furrows, with dark colored edges, resembling very much the fissures of scabies. The redness, shape and size of the vesicles are the same as in scabies, but the absence of the acarus scabiei makes the diagnosis easy. In sudamina, there is profuse perspiration, no redness of the skin, and the vesicles are larger and more disseminated than those of eczema. In herpes, the vesicles are large, isolated and very frequently arranged in a circular form.

The only difficulty attending the diagnosis in this case was, to decide whether it was chronic psoriasis, lichen agrius, or chronic eczema; but, by the assistance of the microscope, some vessicles were found. Psoriasis belongs to the squamæ: there are no scabs, no moisture, altered epidermis, etc.; in lichen agrius, traces of the elementary form of the disorder can be found—the papulæ, etc.

Treatment: He was bled from the arm on two occasions, sixteen ounces each time. Laxatives were used to keep the bowels freely open. Ricord's Pills were administered three times a day, until his gums were slightly touched. Lotions of acetic acid, zinc, etc., which have been lauded to the skies, were used to allay the itching, but with no success. To relieve the pruritus, an ointment of bicarbonate of soda, chloroform and simple cerate, was rubbed on the parts, and effected great relief. Donovan's Solution was administered in doses of 15 drops, three times daily, and the patient is now greatly improved. The skin has desquamated and returned gradually to its natural state. His general health has improved vastly, the itching is subdued, and he says he feels like another man. He continues the solution, warm baths, and nourishing diet, and will leave the hospital in a few days.

Case III.—Lichen Chronicun—William Ross, a native of Ireland, aged 46 years, entered the Charity Hospital, ward 12, on the 15th day of April. He states that he has been afflicted with this disease thirty months; that he applied at the Mobile hospital, was treated there for some time—they treated him for "strophulus,"—but having received no benefit there, as well as at other places, he came to the Charity Hospital. He is now in the following condition: general condition, good; muscular development, fine; has an eruption on the arms, face, neck and legs, which belongs to the papular class. The skin is very much thickened and rough, with little elevations of a conical form and pinkish hue; has slight fever, with congestion of the capillaries. There is a general furfuraceous desquamation of the epidermis, giving a mealy appearance to the whole surface. The papulæ are clustered together in patches. He complains of considerable itching and tingling, which is very perplexing and troublesome. To relieve the fever and excitement, sixteen ounces of blood were drawn from the arm. He was put on the liquor potassæ arsenitis—twenty-five drops three times daily; warm baths, nourishing (but not stimulating) diet; ointment of the sulphuret of potassa, acetic acid, etc., with no apparent relief of the puritus. To relieve this, an ointment of bicarbonate of soda, chloroform and simple cerate, was ordered to be rubbed on the parts.

Fowler's Solution was discontinued on the 10th of May, and fifteen drops of the liquor hydrargiri et arsenici iodidi was administered, three times daily, together with sulphur baths two or three times a week, the ointment being applied whenever puritus occurred. The patient improved under this treatment, and he is now looking well. The skin is not so rough or thick; the papulæ, after several succeeding crops, terminated by resolution and desquamation of the epidermis. He left the hospital this morning, June 17th.

Railroad Accident—Amputation of the Arm.—On the 11th of June, Christian Auld, a native of France, aged 25 years, entered ward 5. He had fallen from the cars on the Opelousas Railroad the day before his admission, and the wheels ran over his right wrist, crushing it to pieces. The arm was now very much swollen, up to the elbow. Immediate amputation of the arm by circular incision was determined on. Chloroform was administered, but the patient resisted its effects completely. He was wild and furious. It was resolved to operate without chloroform. He bore the operation with great fortitude, not uttering a single complaint. The stump was treated with water dressing, and morphia was administered. Notwithstanding the patient was very robust, and was carefully nursed, he sank on the fourth day.

Dislocation and Fracture of the Elbow Joint, with severe Contusion. H. D. Brown, a native of Kentucky, aged 33 years, very robust, was admitted into ward 7, on the 10th of June. He says that he had taken his seat in a cab, when, an altercation arising between him and the cabman, he essayed to leave the vehicle, and just as he was in the act of stepping out, the cabman started off, pushing him violently at the same time. The result was, that he fell heavily on the pavement, the whole weight of his body bearing on his left arm. He entered the hospital on the day after the accident, and the limb was so swollen that free incision was resorted to for the purpose of relieving tension. He was carefully nursed from this time, but gangrene supervened, and he died on the fifth day.

Simultaneous Fracture of both Radii.—Joseph Leis, native of Germany, aged 25 years, very robust, entered ward 2 on the 9th of June. Patient fell from a ladder, about 10 feet from the ground. The whole weight of his body was thrown upon his hands, which were in a state of complete extension, and both radii were clearly fractured in their lower third. The fractured bones were properly adjusted and splinted, and have united nicely. Patient left the hospital on the 22d June, in a fair way for perfect recovery.

Œdema of Pregnancy.—May 29th, a young Irish woman entered ward 35. Patient was delivered of her second child about two weeks before entering the hospital—says she has always been healthy, until about a month before her late accouchement, when her lower extremities and labia pudendi began to swell, and before she completed her full term she suffered greatly. No untoward symptom occurred in her labor, but she has continued to suffer from œdema of the legs, that of the labia having disappeared a few days after delivery. Examination proved the correctness of her statement—the lower extremities were the seat of effusion up to the knees, and even underneath the thighs. She also complains of a constant, dull and annoying pain through the pelvis, from side to side. Her general health is good.

She was ordered to assume the recumbent posture, and to take draughts of bitartrate of potassa. This was kept up for several days, but with no real benefit, when an infusion of buchu was substituted. This acted freely on the kidneys, and at once relieved the legs. The patient was given good diet, and the buchu has been continued *pro re nata* (laxatives being required occasionally.) The tendency has been steadily towards recovery, though she cannot yet (June 23) dispense with the use of the diuretic. All effusion has now disappeared, and the limbs are in starch bandages. She will be retained in the ward until recovery is complete.

EXCERPTA.

The Pathology of Milk Sickness, in Parke County, Ind.—*By Dr. John Pickard.*—Thinking the pathology of milk sickness, as it appears in Parke County, Ind., taken from observations of citizens who have been acquainted with it for thirty years, might be interesting to some of the readers of the *Journal*, I have prepared the following inperfect article. So little is known by our book making physicians that they give us no information worthy of note; and so contradictory are the investigations of physicians, who have come in contact with it, that it is impossible to come to any definite conclusions, from the reports we find in the journals. The views given in the April No. of the *Journal,* relating to the etiology of the disease under consideration, very nearly correspond with the following experiments, which conclusively show that it is not vegetable, animal, or malarial. A farmer living about a mile from where the disease is known to exist, allowed his cattle to run out, bnt they never reached the infested district until the dew evaporated from the vegetation; the result was, his cattle nor his family were ever attacked by the disease; were it a vegetable, the absence of the dew would not destroy its poisonous qualities.

Another family having suffered from its ravages, plowed up a pasture field, digged around the stumps, thoroughly turning all the soil, and sowed the field in grass, upon which they have kept their stock for twenty years, and at no time has milk sickness made its appearance; while on other portions of the farm uncultivated, it is as fatal as ever. Whether the poison is a mineral or a gas is yet to be tested; but I am inclined to believe it a gas much heavier than the atmosphere, consequently resting upon the vegetation; dry weather seems to favor its production. Last season it was prevalent in many districts, where it had not made its appearance for a number of years, but in no instance did it attack animals kept upon cultivated ground. It may be in the water, but we are not acquainted with any district where this has been positively proven. It however seems improbable when the disease prevails upon the neplands, and the springs from which the stock drink flow through the bottom lands, and is used there by other stock, yet the disease never makes its appearance among them.

All species of animals are liable to be attacked by milk sickness, the gramnivera, first, and among those the sheep appears to be the most easily affected; the carnivera always obtain it from the flesh of animals that have died with the disease. It is often concentrated in the milk of the cow, and the calf will be attacked when the cow shows no symptoms of disease. Animals well fatted are not liable to be attacked. A farmer in this vicinity, kept his horses on a lot of one acre, and fed them on hay and oats, the disease soon made its appearance among them; he then turned his hogs upon the same lot, fed them all the corn they would eat, and they showed no symptoms of the malady. From the observations and experiments which have been made where the citizens have suffered severely from the loss of property, and the lives of those still dearer to them, we deduce the following conclusions. 1st. Milk sickness is caused by a poison, this poison is generated near the surface of the earth, from some peculiarity in the soil or the soil and atmosphere combined. 2d. That the poison is a mineral or heavy gas, which appears to be produced in the night and destroyed by the rays of the sun. 3d. A thorough cultivation of the soil will destroy it. 4th. That it may be communicated from one animal to another by the flesh or milk. And 5th, that oleaginous substances act as a preventive, and will often cure animals affected with the disease. There is no difficulty in the diagnosis, the patient invariably complains of great weakness, inability to perform labor, a small amount of exercise pooduces trembling and fainting sensations; as the disease advances, vomiting, and obstinate costiveness are invariable accompaniments, and during the whole time a peculiar odor pervades the room, unlike anything we have ever met with.

The treatment of milk sickness is simple; we have previously stated, that oleaginous substances are preventives, and we have found no remedy so efficient as Aleum Ricini, by the stomach, if possible, if not give enemata. Apply sinapisms to the stomach, give cooling mucilaginous drinks, overcome the costiveness as soon as the nature of the case will admit, and you have conquered the main obstacle to successful cure.—*North Western Medical and Surgical Journal.*

"LORD, HOW THIS WORLD IS GIVEN TO LYING!"—The speech of M. Velpeau, on ovariotomy, etc., which we publish in the present number, is worthy of attention for more reasons than one. In the first place, the opinions of the veteran Surgeon of La Charité, seem to have changed materially since the publication of the last edition of his work on operative surgery. In that he states, "if the tumor does not exceed the size of the head of an adult, and the patient ardently desires the operation, it ought, in my opinion, to be undertaken." (Vol. iii, Am. ed. p. 211.) But we do not notice Velpeau's remarks made before the Academy in November last, for the purpose of discussing the propriety of ovariotomy, but to call the attention of our readers to the bold impeachment of the veracity of British and American surgeons, by the Editor of the Gaz. des Hop., in a note on this operation. He asserts that it is only by "quelque artifice arithmetique," that they have attained the results to which they lay claim. While he makes this unwarrantable attack on British and American surgery, at the same time Velpeau denounces its *rashness*, and very modestly pays to French Surgery his highest tribute of praise. A comparative view of British, French, and American surgery would at the present period, be replete with interest. But, for this, our limits will not suffice, and we will console ourselves simply by drawing a little upon French surgery, for illustrations of that same "*artifice arithmetique,*" of which the Gas. des Hopitaux maintains the British and American surgeons have been guilty.

Look, for example, at Dupuytren's statistics of his operations for stone. Of seventy operations, he lost only six patients. That was his assertion. Now peruse the account given by the editors, Sanson and Begin,) of his work entitled, "*Operation de la Pierre d'apres une methode nouvelle,*" 1836. The editors inform us that the rate of mortality was as high as one in four and a half! So much for that *grande luumiere de la chirurgie,* the surgeon in chief of the Hotel Dieu. Take next, Lisfranc, of La Pi ié. Lisfranc claimed that eighty-four out of nineiy-nine of his operations for the excision of the neck of the uterus were successful. But according to Velpeau himself, instead of ninety-nine, the figures should read forty-seven and instead of eighty-four successful cases, thirty out of the forty-seven were failures. He adds that in, addition to this perversion of the truth, the feelings are outraged at the *atrocities* committed by the surgeon of La Pitié!

Again, Amussat was accused of falsehood in his statics of lithority, and Velpeau's own interpretation cf these offered by M. Civiale himself, is not very creditable to the veracity of the latter.

Who has forgotten the "*artifice arithmetique*" of M. Guerin, in the wonderful results following his operations in orthopedic surgery? And we all know that Ricord did not hesiiate to insinuate that Vidal's vaunted success in procuring primary adhesion by the *serre fine,* after the operation for phimosis, was not *true*

Did time permit, we might enlarge upon this topic, but we have adduced facts enough, even upon the authority of M. Velpeau himself, to prove that his own countrymen fairly deserve to share in the compliment which the French editor has so *delicately* paid to others!—*Western Lancet.*

SINGULAR CASE OF TRIPLETS.—Dr. A. S. McGregor, of Gasconade Ferry, Mo., in a letter to the editor of this Journal, says: On the 10th of August, 1856, Mrs. G——, of this county, was delivered of a still-born child. Twenty-one days after this, she gave birth of a second; and in the same length of time thereafter, to a third. The last two lived about six hours each. The mother is doing well and is again pregnant.—*St. Louis Med. and Surg. Journal.*

New Treatment of Ovarian Dropsy.—Dr. Simpson is attempting the radical cure of ovarian dropsy by establishing a fistulous communication between the cavity of the cyst and that of the peritoneum. He does this by puncturing the enlarged ovary with a trocar and canula in the ordinary way, but allowing only a small portion of the fluid to escape by the canula. This is then withdrawn, and the union of the external wound promoted. By pressing the tumor gently every day he forces a little of the fluid into the cavity of the peritoneum, and thus keeps the wound in the tumor open. I have seen several of Dr. S.'s patients who have been subjected to this mode of treatment with apparent success. One of them has been under treatment many months, the cyst occasionally filling, but easily reduced by gentle pressure, showing that the fissure still remains open. *Ibid.*

Case of Enuresis successfully treated with Fluid Extract of Pareira Brava.—Sometime during the past summer a young man, aged 24, carpenter by trade, made complaint to me that ever since his boyhood he had been troubled with the bad habit of emptying his bladder while asleep in bed. That at times it would leave him, but only to return, after a short respite, with redoubled force. That he had tried, morally and physically, to overcome it, but all his efforts had been vain.

At the time of his call his general health was not good, and consequently my first treatment was directed to its restoration. There was no appearance in the urine that indicated any organic affection of the bladder; on the contrary, in every respect it appeared healthy, and during the day was not in any ways troublesome. Various remedies were ineffectually employed.

Having seen the following combination recommended, it was also used as far as prudence could justify:

R.—Ex. belladonna.
ex. hyosciamus *aa* . grs. xvi.
white sugar . . . ʒ i.
camphor water . . . ℥ iss.; of which a tea-

spoonful was ordered just before going to bed each night. But no good resulted.

Repeating his visit at an hour when I was specially employed, I handed him a vial of the *Fluid Extract of Pareira Brava*, which was standing upon my prescription case for another patient, and directed him to take a teaspoonful three times a day, and requested him to call at the end of a week if it did him no good; but if so, to continue it till he had used all of it. Some four months afterwards he called to pay his bill, stating that the last medicine had acted like a charm—to use his own words—that his affection had been relieved after taking a few doses, and had not since returned; that he also felt better, both in mind and body than he had for years. In this case, which I regard as one of atony of the bladder, the pareira brava answered a good end in restoring tone to the organs, and relieving the patient.—*South. Jour. of the Med. and Phys. Sciences.*

ON THE PRODUCTION OF THE LACTEAL SECRETION BY ELECTRICITY. By Dr. A. AUBER, of Macon. (L'Union Médicale.)—The observation of Dr. Auber is exceedingly interesting. He was applying the volta-faradic apparatus of Duchenne on the right breast of a woman who had been delivered seven months, who had not suckled. The object of applying it was to remove an anæsthesia of the skin. After a third application, the patient complained of being as she was after her milk fever, and obliged to cover her breasts, both of which moistened her dress. On the fifth application, some milk, of which a spoonful was collected, was examined by microscope. It seemed quite similar to that of a woman newly delivered.

Dr. Auber refers to a case in which the lacteal secretion was in like manner produced by M. Becquerel. He anticipates the possibility of thus making any woman fit to suckle.—*Virginia Med. and Surg. Journal.*

SIR CHARLES LOCOCK.—Her Majesty Queen Victoria has been graciously pleased to bestow the honors of knighthood on her chief accoucheur, Dr. Locock. Mr. Punch suggests, however, that this distinguished gentleman deserved, after his arduous duties, to have been elevated to the peerage under the title of Lord Deliver us!

NEW ORLEANS
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ELEPHANTIASIS.

Messrs. Editors: A few days since I received a letter from my esteemed friend, Dr. John Butts, of Princeton, Mississippi, advising me that he had shipped to my care a rare and valuable morbid specimen, (an amputated arm,) to be presented to the Museum of the New Orleans School of Medicine. The specimen has been received in good order and condition, and I take the liberty of furnishing you some extracts from the letter of Dr. B., giving an account of it.—E. D. Fenner, M. D.

"The subject from whom the arm was taken is a negro woman, twenty-four years old, very low in stature (about four and a half feet), idiotic expression of countenance, very black, and as filthy in her habits as any African could desire. She was reared in Missouri, was brought here six years ago, and was always healthy until the appearance of this disease. She knows little of her parents, but believes they were healthy. In the year 1853 I was first called to see her. The thumb of the left hand was much swollen, and her owner, thinking the disease a "felon," wished me to open it. I made a free incision with the lancet, and a little unhealthy pus was discharged. At the end of four days I called again, and found the first joint exposed and decayed. My attention was now called to several large bullæ on the arm, and these were filled with a thin, sanious fluid. I punctured them with my lancet, the fluid was discharged, and, to my surprise, deep red ulcers were revealed. The marks you now perceive on the arm, near the wrist, are the cicatrices of these ulcers. I put her on the use of iodide of potassium, with good diet, and continued this treatment for months, with no benefit. The fingers were successively attacked, and would fall off at the joints, as you will perceive.

"More than a year ago the hand and arm began to swell. There was no appearance of fluctuation at any time. About the same time, she began to lose portions of the fingers of the right hand. The arm continued to increase in size, giving her much inconvenience, until Tuesday last, when I amputated it, she being under the influence of Chloroform. The stump looks well, and has partly healed by 'first intention.' She has suffered very little pain at any time. Her other arm must, doubtless, be similarly affected in the course of time, and the disease must ultimately destroy life. On the back of her neck there are now several bullæ.

"I have pronounced the case to be one of elephantiasis of the Arabians. Nothing else, that I have read of, so nearly resembles it. I should be pleased to have the opinion of yourself and confréres on the subject.

The valuable specimen, presented to the New Orleans School of Medicine by Dr. Butts, has been carefully examined, and Dr. Thomas Peniston, Professor of Clinical Medicine, etc., who pays particular attention to diseases of the skin, has kindly volunteered the following remarks.—Eds.

REPORT OF DR. T. PENISTON.

The limb, now in a good state of preservation, presents the following appearances: The hand and stumps of the fingers are enormously swollen and deformed. The surface is throughout of a uniformly intense black, perfectly smooth, and, to all external appearance, healthy, except on the back of the hand and forearm, where several bullæ are found, varying from the size of a hen's egg, to that of a pecan nut. The cutis proper, where the bullæ exist, does not differ from its appearance elsewhere.

To the touch, the parts are more resistant than normal, particularly those most affected. This may, however, be in part owing to their having been immersed for some time in alcohol.

On making a longitudinal incision through the integuments, beginning where they were divided for the removal of the limb, and extending it along the inner border of the biceps muscle, down to the fore-arm, thence, between the radius and ulna, to the palmar surface of the middle finger, the skin is found uniformly thickened, increasing as you approach the hand, where it is fully three quarters of an inch thick.

The subcutaneous cellular tissue is condensed, hard, elastic, and almost fibro-cartilaginous. The muscles of the metacarpus are reduced to yellowish attenuated shreds, and can with difficulty be traced through the diseased mass. The cartilages and bones are softened; the latter can be readily cut through with the scalpel; both are evidently being rapidly absorbed. The muscles of the fore-arm are soft, atrophied, and pale. The inter-muscular cellular tissue contains an abundance of fat. The tissues of the arm are evidently much less diseased than those of the fore-arm. The bones of both are healthy. The blood vessels in the diseased mass remain open when divided: their walls are evidently thickened, particularly those of the veins—elsewhere they appear healthy.

There can not be a doubt, from the history of the case, as related by Dr. Butts, together with the above pathological condition of the parts, that we have here a well marked case of elephantiasis, of the *non tubercular* form, usually known as the elephantiasis of the Arabs; and that the origin, and principal seat of the disease, is in the cutis proper.

Though one of the earliest diseases described, elephantiasis is yet very imperfectly understood. This is, in a great measure, owing to its being rarely observed where medicine is cultivated as a science. M. Alard, who wrote a very learned treatise on the subject, thinks this form consists in, or rather, is preceded by, inflammation of the absorbent vessels and lymphatic ganglions. Bouillaud places its seat in the arteries and veins. Hendy found the lymphatic glands hardened, or in a state of suppuration, and larger than normal. Fabre found the glands and vessels perfectly healthy in several cases examined by him; and the skin hardened and thickened.

Cazenave and Schedel described a *non tubercular* form of *elephantiasis græcorum*, characterized by spots of a livid, or fawn color, which became covered with bullæ or vesicles, and sometimes with pustules. "These are followed by ulceration of the parts, and, when on the extremities, almost always destroy the phalanges. Necrosis attacks the phalangeal bones gradually, and in succession, and after several weeks, or months, of suppuration, one or more of them is thrown off, and the ulcer heals with shortening of the finger. All the fingers and toes may be thus destroyed alternately and gradually, and the extremities slowly removed."

J. Robinson has described this form under the name of *anæsthenic.*

Would it not simplify very much the study of this affection, to consider Elephantiasis of the Greeks, and Elephantiasis of the Arabs, as varieties of the same disease? Rayer remarks, that they are both sometimes found on the same subject. They seem only to differ, from the anatomical character of the part affected; the Greek, or tubercular variety, affecting more generally the face and upper extremities, from the abundance of sebaceous follicles in those parts, and which are evidently the seat of the affection; while the Arabic, or *non tubercular* variety, attacks the deeper portions, thence extending to the sub-cellular tissue, muscles, etc., giving rise to the general tumefaction which is looked upon as characteristic of the disease.

Elephantiasis, though met with all over the habitable globe, is evidently an affection of warm climates. It is endemic to certain countries, as in Asia Minor, Java, Egypt, Abyssinia, Brazil, French Guiana, and the West India Islands. Davis, who practiced here some forty years ago, describes it, also, as being quite common in the vicinity of New Orleans. From his description, this locality must be embraced between the old *Place d'Armes*, now Jackson Square, and Carrollton. It is a singular coincidence, that out of eight cases observed by me, during my residence here, five have originated in the above described limits. Six of them were mulattos, one a white man, and one a negro. Their ages ranged from twelve years to forty. One case only was entirely cured by trusting to a thorough mercurial course, followed by iodide of potassium and change of air. He still remains (five years after) perfectly well. Three were much benefited, though not entirely cured. Four were not at all relieved. Three of these I know to be dead; but I had long since lost sight of them. The fourth, a mulatto, when I last heard from him was still living, though a hideous victim of one of the most loathsome diseases of the human race. I have heard of other cases in and about the neighborhood of the city; but they did not come under my immediate observation.

Six of the above cases were of the tubercular form, two of the non-tubercular. In the former, the face and ears were affected five times. The right arm, including the hand and shoulder, once, and the back and abdomen once. In the cases of non-tubercular variety, one occupied the scrotum, and the other the right leg. Both cases were natives of the West Indies, but had been residing here for some years.

Rayer, in his work on diseases of the skin, gives, also, a case of the tubercular variety, the details of which were furnished by M. Raisin, the case being said to have originated here.

It is evident, then, that elephantiasis is a disease endemic to our climate —that mulattos are most obnoxious to it, the pure African next, and lastly the whites. It certainly behooves the educated physician, and all who feel an interest in the welfare of our population, to study more carefully an affection than which none can be more worthy of their labor.

In conversation with Dr. J. L. Crawcour, of this city, we learn from him that about six years ago, he met with a case of Elephantiasis in this place, which would seem to be very similar in its nature to the one reported by Dr. Butts.

The subject was the son of a prominent citizen of New Orleans. He was about twenty-two years old, and had been suffering from the disease about three years. The face was of a dusky hue, and there were, scattered about, small tubercles. The voice was raucous and harsh, the result of an old ulceration of the throat, which had healed. The hands were the chief seats of the disease. They were much swollen, and were covered with tubercles, which occasionally discharged. The first joints of some of the fingers had sloughed off. The only history to be procured was, that he had been perfectly healthy up to the advent of the disease. He, himself, attributed it to being bitten by some venomous reptile in a swamp when he was hunting. The disease made its appearance a few days after. Dr. C. made no prescription, and lost sight of him, but subsequently heard that he died about one year after, worn out by the disease, having lost nearly all the phalanges of the fingers. His intellect was pretty good, and his appetite and digestion were unimpaired, but he occasionally suffered excruciating pains in the limbs. His father is now living, and is upwards of eighty years of age. There are several children living, all of whom are healthy.—Eds.

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CASES REPORTED BY M. SCHUPPERT, M. D., OF N. ORLEANS.

I.—Suppressed Secretions of Bile.

C. K., a German, baker, aged fifty-five years, of an atrabiliary constitution—very fat—has lived for the last nine years in the State, (never had yellow fever,) took sick on the 4th of February with a severe attack of apnœa. On my first visit, two days later, patient complained of weight and fullness in the right hypochondrium, and tenderness on pressure in the region of the stomach. I found him in bed, lying on his right side, and not being able to turn either on his back or to the left side without producing difficulty of breathing. His respiration was shortened, pulse full (80), tongue moist and white furred, and lungs and heart sound; but in the right hypochondrium the pleximeter yielded a dull and extended sound, from an enlargement of the liver. Abdomen was not tender to the touch. Bowels had been constipated already two days; urine contained a thick sediment, of an impure, dark yellow color, (with sulphuric acid turning it blue). The action of the skin was not suppressed; no nausea present. It was stated that, eight years ago, patient had been attacked by intermittent fever, which he had suffered during ten months. From that time, a tenderness in the hepatic region, and intestinal disorder, could be dated. During the last five months patient has had several severe attacks of apnœa, from which he relieved himself by purgatives; but at no time has his sickness been so aggravated as at the present. I thought a temporary congestion of the liver present, and, in consideration of the probability that the disease of the liver had originated in an intermittent fever, I ordered calomel, with quinine, and in case the apnœa should recur, opium to be given. At 8, A. M., the apnœa came on, but subsided very soon after a dose of four grains of opium had been administered. Next day passed without any aggravated symptoms: patient, who had not slept for four nights, felt tolerably well and was joking with his friends. The medicine was continued, and, to overcome the still present constipation, Seidlitz powders were added. On my visit next day, it was reported that patient had had an attack of apnœa again, about the same time as on the preceding night, and that eight grains of opium had been given before any relief was procured. The abdomen was found more distended; the conjunctiva oculi had turned yellow, and constipation had not yet yielded. One pint of blood was taken by cups from the right hypochondrium, and sulphate of magnesia, in doses of one drachm, was given hourly, supported by injections of castor oil with soap water, and in the evening, a fly-blister, 5x10, was applied over the hepatic region. The bowels yielded. The stools had a fœtid odor and were of that clay-color so characteristic of absence of bile. On the morning of the 10th, his face and body were all over tinged with a yellow color; the urine was bilious and diminishing in quantity; abdomen more prominent. A pleximetric examination left no doubt that the peritoneal cavity contained a floating secretion. The blister discharged abundantly a brilliant yellowish fluid; the attacks of apnœa had entirely disappeared; patient was grinding his teeth; had hiccough several times; answered questions rationally, and exhibited no notable depression of mind, but, on closely examining his night-watch, there was no doubt that his sleep had been much disturbed. Patient lingered five days longer. On the 14th, the secretion of urine had nearly ceased; the catheter yielded only a small quantity of a thin yellow fluid. The mind was depressed. On the 15th the extremities became extremely cold, so that he asked for warm water to his feet. He could turn to either side, complained of much thirst; bowels discharging involuntarily, the stools not having changed their clayish color. The whole body had turned bright yellow. On the 16th, secretion of urine had ceased, bladder was empty, radial pulse hardly to be distinguished. In the last two days patient had not taken any medicine. At 11 o'clock, A. M., after having enjoyed a glass of wine, he asked one of his friends if he had the ace of clubs, and hearing the question answered in the affirmative, while uttering the words, "then we have won the game," he made an expiration which proved to be his last—dying six days after jaundice had first appeared.

From the time that jaundice had set in, and the delirious symptoms could be distinctly recognized, I did not hesitate to arrange this case under those of "fatal jaundice," caused by a suppressed secretion of bile. The post mortem examination, which was made six hours after death had taken place, will show how far I am supported in my supposition.

Post Mortem.—The skin was of a bright yellow; the back and sides blue, from transudation of blood; abdomen full, prominent and hard; rigidity of the muscles had already set in. In opening the abdominal cavity, the knife had to pass a layer of yellowish adipose matter, in the hypogastric region, of one and a half inches in thickness. The peritoneal cavity contained near two pints of a yellowish fluid.

The omentium was loaded with fat, of a bright lemon yellow, and, spreading over all the viscera, presented a beautiful aspect.

Stomach not unusually enlarged.

Liver—no discoloration of the capsule; left lobe spreading over half of the stomach; the right extending over the edge of the lower ribs, all weighing near *five pounds.* On the right lobe the capsule could be easily detached. Under the knife, the organ presented a congested appearance; washed in water, the acini could be discovered distinctly, being red in their centres, and light yellow in their circumference. The greater hepatic gall ducts were empty, but stained with a mucus of the brightest gamboge color; the ducts of secondary and tertiary order were filled with the same colored mucus.

Gall Bladder, contracted, thickened, and containing about one drachm of an olive green mucus.

Common Gall Duct not obstructed.

Alimentary Canal healthy; *duodenum* and upper part of the small intestines coated with a green mucus.

Pancreas healthy.

Spleen enlarged, congested and extremely soft.

Kidneys enveloped in a great bulk of fat. No change of the texture could be observed.

Urinary bladder empty, contracted, and mucus coat of a deep yellow tinge.

Cartilages of ribs yellow colored.

Lungs congested; the lower lobe of the left lung of a dark purple color, but not solid or in any way altered from a healthy state. No fluid in either pleural cavity.

Pericardium containing a small quantity of colored fluid.

Heart, not fat, of a fine muscular construction, valves perfect, both cavities empty.

Circumstances did not allow me to open the skull.

The microscopic examination of the liver showed the hepatic cells filled with a granular matter and oil globules, besides a large proportion of an amorphous mass.

I very much regret that the urine collected for a chemical analysis was lost.

The patient had not been leading a dissolute life. There is nothing in the history of his life to support the view that an inflammation of any organ connected with the terrible disease in question had prevailed; but we have been told that he suffered much mental distress. Whatever may have been the cause, we cannot doubt that a change in the vitality of the secretory cells of the liver has taken place. The nucleated cells, "the immediate agents of secretion," have been demolished; and a modification of the elementary constitution of so important an organ as the liver, will account for the speedy and entire derangement of the system.

This case shows, on the first view, a deviation from all cases I have yet seen reported. While the liver is there usually described as soft and decreasing in volume, here we meet with just the contrary—a firm and enlarged liver. But if we consider that the subject in question had suffered during ten months from an intermittent fever, from which he never recovered, and that he has ever since complained of weight and fullness in the hepatic and epigastric regions, with intestinal disorder, there is something to account for it.

I do not believe this disease to be of rare occurrence here, nevertheless I do not remember the report of a single case during several years I have been observing the official reports of deaths in this city. Possibly the authority who has charge over the printing, thinks it of no statistical importance to establish special subdivisions of disease in the printed formulæ, and hence the collective heading, "liver disease."

II.—Direct Placenta Prævia—Delivery by the Forceps—Death of Fœtus from Syncope.

A. B., a strong and lusty woman of nineteen summers, born in Holland, from German parents—nine years in this country—married to a shoemaker. While nursing her first child, then six months old, (the middle of December last) and being wholly unconscious of the state she was in again, she felt the movements of a fœtus. Like a rabbit, nursing the youngest, with a second in utero, engaged in renewed efforts for the preservation of the genus, the mother in question continued nursing her child a month longer. On Monday, the 1st May, when she thought herself already passed the full term, she, for the first time, in going to stool, lost a quantity of blood from the vagina, and at once sent for the midwife. The midwife told her that there was something wrong with her, ordered ice on the abdomen, and tincture of cinnamon, and told her to keep quiet. It was not until six in the morning of the 5th, that the hemorrhage recurred, and now the bleeding was profuse. The midwife, again in attendance, tried to stop the flow of blood by applying the same remedies, but failed. The bleeding continued, and it was after the woman had been suffered to lose "immense quantities of blood," and had "fainted three times" (the precise words of the midwife) that I was called in.

The quantity of blood lost, of course, cannot be measured, except by the fact, that a midwife in New Orleans was aroused by it to send for medical aid! *

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* It was only a few days before that I saw another case where a midwife had undertaken version, but brought both arms down, instead of the feet, and it was

I saw the woman first at 3, P. M.; she had just come out of a state of syncope, her lips being pale, extremities cold, pulse feeble, and 120 beats, face, neck and breast covered with a cold sweat. The bleeding had then ceased. By means of a manual exploration, by which only a small quantity of blood was lost, the os uteri was found open to the size of a dollar, the placenta was entirely covering the mouth of the uterus, and a part of it was protruding. The exploration made it certain that we had to deal with a direct placental presentation. As far as the fingers could go in, the placenta was already detached from the uterus; labor was not yet established; pains had not set in. The fœtal pulsation could distinctly be recognized through the abdominal parietes. After I had given to the woman a stimulant, in form of a cup of wine, I left for my instruments, and at 4 o'clock I returned in company with Dr. Brickell. No further flooding had occurred, the radial pulse was still small and frequent (125); the beats of the fœtal heart could be distinctly recognized, but were feeble. The os uteri was entirely flaccid. We came to the conclusion to give ergot to arouse the expulsive efforts of the uterus, and to finish labor artificially. After the woman, therefore, had taken three scruple doses of pulv. ergotæ, I introduced my left hand into the vagina, and dilated the flabby mouth of the uterus, which offered not much resistance. In detaching the placenta it was confirmed that the case was one of central placental presentation. The bleeding following the separation was slight. Having ascertained the head presentation of the fœtus, the membranes were ruptured. After the waters had been evacuated, the fœtal head came readily and firmly down on the mouth of the uterus. At the same time it was ascertained that the umbilical cord was coming down with the placenta in advance of the head. The placenta was, therefore, instantly removed, the forceps applied at the superior strait, and the fœtus delivered—the whole process not occupying more than four minutes.

The child was still-born (in a state of syncope.) His skin was of a wax-like color, lips pale, sphincter ani, like the whole muscular apparatus, perfectly relaxed. There was no irritability; and notwithstanding the heart was beating over ten minutes, the child did not make a single

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only after the greatest difficulties, and danger to the woman, that she was delivered. If every physician called for in such cases, would do his duty, and denounce these female pretenders, it would be far better for the medical profession and the public at large.

effort at respiration. The ingenious method of M. Hall, for animation, which was continued a quarter of an hour, was of no avail.

The quantity of blood following the extraction of the fœtus was inconsiderable. The mother bore the whole proceeding without uttering a single complaint. No fainting occurred, and the uterus contracted instantly and perfectly. On my visits in the evening and the next day, I found the mother tolerably well, and at the end of five days so far recovered that she could walk out to look for employment as a wet-nurse; and, notwithstanding I told her that it is not a rare occurrence, that women who have lost as much blood as she had, labor under a condition of hydræmia, which makes them wholly unfit for nursing, the industrial spirit of our age overruled all objections.

It is a matter of experience that in cases of placenta prævia the majority of children are still-born. In looking for an explanation of this fact, we will learn that the death of the fœtus has been caused "by asphyxia." We do not believe this to be the fact in every instance; not, at least, in the case under consideration. We fully agree with Ramsbotham, who, in dealing with the of course singular method of perforation of the placenta, in order to deliver the fœtus, says: "When that organ is torn the fœtal vessels must necessarily be ruptured, and the child (fœtus,) if it be alive, will most probably bleed to death;" but we cannot acquiesce in the doctrine, that "so long as we preserve the placenta entire, we prevent any loss of blood from the fœtal system; if the fœtal vessels be preserved entire the death of the fœtus is caused not by any loss of blood from the fœtal system itself, but in consequence of its being deprived of the benefits which result from the uterine circulation. During the faint under which the mother lies, the blood is neither sent in the same quantity, nor with the same velocity to the uterus; consequently the changes necessary for the continuance of the fœtal life cannot go on in the placenta; the child (fœtus) ceases to exist, in consequence of the want of those changes, it dies from *asphyxia"—as perfectly suffocated as if it were drowned after the commencement of respiration."*

In our case, the whole appearance of the child—the paleness of the skin and mucus membrane of the mouth, the feeble pulsations which, nevertheless, could be recognized at the umbilicus for over ten minutes—speak against the supposition of the condition called asphyxia. The symptoms were more those of a child dying in consequence of hemorrhage. Whatever the mode of communication between the maternal and fœtal blood may be

—whether the vessels communicate directly or indirectly; whether there be a continuity of the vessels between "the uterus and placenta," or the vessels of the mother "never enter the placenta at all"—we believe, in regard to the fœtus, the danger arises from a solution of continuity of the placenta, and not from the checking of certain changes, (they are not explained yet). The child dies from the direct loss of fœtal blood. It *may* be that the blood comes from the apertures of ruptured vessels, or, the bleeding *may* take place by "exhalation"—that is, it may exude from the unbroken surface of the placenta, without any appreciable lesion of the fœtal vessels, as in cases of hemorrhage of the stomach, where, after the most careful examination, not the least perceptible alteration of texture can be detected. In cases of direct placental presentation, the method which offers the most chances for preserving fœtal life, we cannot help thinking, is *speedy delivery;* and when we recommend the extraction of the placenta before the delivery of the fœtus, after the separation from the uterine attachments has been undertaken, it is because it will be found the simplest way indicated by nature, because we see in such cases, not interfered with, that the after-birth, in every instance, is born first.

Nearly all writers on midwifery consent, that in cases of placenta prævia, after hemorrhage has taken place at the end of gestation, the natural expulsive power has to be assisted by artificial delivery, and that we could not be justified in such cases of emergency, where fresh accessions of bloody discharges were to be dreaded, to wait for labor pain. Many of these writers are, nevertheless, opposed to a speedy delivery of the secundines or fœtus, advocating a partial evacuation only by rupturing the membranes, and fearing that the uterus would not have time to contract, and that a collapse would ensue. Although, in our case, there was no labor pain present, nor the uterus showing much contractile power, either at the time of the rupture of the membranes or at the delivery of the fœtus, yet, a short time after the fœtus was extracted, it was only with difficulty that we could remove the membranes which were left behind.

It cannot be denied that, in cases of hemorrhage, the loss of a small quantity of blood has proved fatal, while with others some quarts have flooded away without giving rise to alarm. We do not like to fail an explanation hereof, as long as we are not able to give a satisfactory definition of the causes of the variable individuality of mankind, but we did not expect to find a man like Ramsbotham giving as the reason of it, *the time* the contractile powers of the arteries require, in order to regulate their household with economy, so as to avoid a bankruptcy, on account of the heavy expenses they incur.

In his excellent treatise on obstetrics, we find the following :

"The arteries throughout the entire body, by the power of contraction inherent in their own structures, accommodate themselves in diameter to the decreased quantity of their contents, and this diminution in calibre, they have an opportunity of effecting, when the blood drains away slowly, but not when it passes out with greater rapidity."

In regard to the use of stimuli, employed in cases where syncope resulted from hemorrhage, Ramsbotham says: "It has now become a well established physiological doctrine, that the blood coagulates more readily under fainting, than when the circulatory system is in full vigor. This is a *singular* and *most beautiful provision of nature* to sustain endangered life; if then, we remove the fainting by suddenly increasing the arterial powers, we prevent the deposition of coagula as well as run the risk of forcing away the plug even when once formed. *These means, therefore, are never to be employed, except where danger is immediate and imminent.*"

In regard to the fact that many examples on record will prove that women in a state of syncope never came out of it, we feel ourselves justified in recommending the use of stimuli, not fearing to force away the plug of blood, formed by a beautiful provision of nature to sustain endangered life. When, moreover, we see that in many cases, hemorrhage will stop without causing syncope, we are induced to put the question—where is here that singular and most beautiful provision of nature? When on the one hand, we see Ramsbotham objecting to the use of stimuli because they destroy the beautiful work of nature; and, on the other, recommending them in cases of *immediate* and *imminent danger*—we are led to the reflection—what more imminent danger is there than to die from hemorrhage? This looks to us like the "Gordian knot," and we know of no other solution than by the method of Alexander.

(There were several interesting points in the foregoing case: 1st. The woman had been bleeding from Monday until Friday, and was much prostrated. 2d. She had arrived at full term, and had not had a single labor pain. 3d. The os uteri was perfectly dilated, flabby, and the placenta was implanted directly over it, and was protruding so far into the vagina as to make it certain that it would be expelled in advance of the child. 4th.

The woman had had one fine large child—proving the capacity of the pelvis. 5th. Notwithstanding the placental presentation was *direct*, there was no bleeding until full term.

For her own safety, it was in every way desirable that she should not have another hemorrhage. Consequently, the way was prepared by giving ergot freely, and speedy delivery was effected. For the safety of the child, seeing that the placenta must come first, it was determined to deliver by the head, as being the most speedy method. The result shows that there was not the delay which must almost certainly have occurred in delivery after version by the feet. In less than four minutes from the time the membranes were ruptured, the child was on the bed—an interval having been allowed, after evacuation of the waters, for the uterus to contract on its contents.

The child was born in a state of complete syncope, and our experience tells us that we should always be more willing to encounter asphyxia than syncope. We have seen very few of the latter recover (more especially syncope as a result of uterine hemorrhage,) whereas, we have seen many of the former. In this case, not a muscle in the body responded to any stimulus, and yet pulsations, even at the umbilicus, could be felt for ten minutes after birth. We have always thought Ramsbotham's idea of children, under such circumstances, being born *asphyxiated*, radically wrong. In every instance of the kind that has come under our observation, the child has been born in a state of syncope—more or less complete. Hemorrhage from the mother has no *direct* effect on the child, but continue or repeat it, and the loss of blood must at last diminish the vital energies of the child in equal, if not greater degree, than it does those of the mother—and this, granting that there is no hemorrhage whatever from the placenta—the child's vessels.—D. W. B.)

AMPUTATION OF BOTH LEGS—RECOVERY.

By Howard Smith, M. D., Prof. Materia Medica, New Orleans School of Medicine.

On May 6th, 1857, Wm. Benson, (f. m. c.,) aged 35 years, a native of the State of New York, was admitted into the United States Marine Hospital at this place, with compound comminuted fracture of the tibia and fibula of both legs. He had shipped on board a schooner then preparing for sea. In hoisting out the jib-boom, the strap gave way, and the whole weight of the spar, with the sails attached, fell upon his legs, crushing them against the heel of the bowsprit. The skin of the right leg was torn nearly up to the knee, the soft parts generally very much lacerated, and both bones broken into a number of pieces. The wound of the left leg opened into the ankle joint, with extensive laceration of the soft parts of the leg and foot. When I saw him, re-action had taken place, and it was determined to take off both legs at once. He was placed on the table and chloroform was administered by Dr. T. J. Lockett; as soon as he was under the influence of the anæsthetic, his right leg was amputated very high up, on account of the laceration of the soft parts. The arteries were tied and the stump dressed, after the effects of the chloroform had passed off. It was then determined, after consultation with Dr. Breedlove, the Assistant Surgeon of the Hospital, to defer the amputation of the other leg, fearing to keep him too long under the influence of chloroform, and hoping that we might possibly save it. On Saturday, the 9th, the condition of the man was so much worse, from the irritation of the left leg, which had now begun to put on a erysipelatous look, that we determined at once to amputate to save the man's life.

He was again placed under the influence of chloroform by Dr. Lockett, and, assisted by Drs. J. W. Breedlove and Henry Alexander, U. S. Army, I proceeded at once to amputate the left leg. The skin was hardened, and the tissues filled with an ill-conditioned pus, but by care a good covering for the bone was obtained. We had some trouble with the arteries, but little blood was lost. The man was put to bed, and a nutritious diet, with a little wine, was ordered for him the next day. One stump sloughed a little, and he suffered with diarrhea for a day or two, but it was easily controlled by opiates.

He has continued to improved until the present time. On the 17th June, I gave up the charge of the Hospital to Dr. Kerr, my successor, and have not seen the patient since, but the Assistant Surgeon, Dr. Breedlove, writes to me, in answer to my inquiries, that both stumps are very nearly well, and that his general health is as good as ever.

It seldom falls to the lot of a surgeon to amputate both legs at the same time, and to be fortunate enough to save the patient, especially after an accident so severe as the one just detailed. I am very much indebted to the success in this case, to the kind and skillful attentions of Dr. J. W. Breedlove. There is no doubt that the climate of New Orleans is peculiarly favorable to operations, if we may cite the example of the U. S. Marine Hospital, for, during the two years I was surgeon, we never lost a man from an operation.

SPECIAL SELECTIONS.

MONTHLY REPORT ON CHEMISTRY, ETC.

By I. L. Crawcour, M. D., Professor of Chemistry and Medical Jurisprudence, New Orleans School of Medicine.

EXPERIMENTS ON COLCHICINE AND ON THE COMPARATIVE ACTION OF THE DRIED BULBS AND SEEDS OF COLCHICUM.

Union Medicale, June 6, 1857.

The Colchicine employed came from the laboratory of Mr. Merk—it was in powder, crystalline, of a light yellow color, very bitter to the taste, and producing an acrid sensation in the throat. It was not entirely pure, or it would have been colorless and crystallized. It is soluble in water, alcohol and ether, and the aqueous solution has a feebly alkaline re-action.

In the first experiment Mr. Heinrich took one centigramme (gr. 1-16) of colchicine unmixed with anything, in order to study its taste. Soon after, he was seized with nausea, eructations and an increased flow of saliva. The nausea lasted several hours, even after supper, which was eaten without appetite. The pulse was lowered eleven beats in the first two hours—no other phenomenon was observed.

In the second experiment, eight days after, Mr. Heinrich took two centigrammes, enveloped in a piece of bread, at half past four in the afternoon. There was no change in the pulse for two hours. About eight o'clock at night he suffered from eructations and slight ptyalism, supper was eaten without appetite, and a peculiar vague sensation occurred which prevented him from concentrating his attention on what he was reading. About ten o'clock he fell into a disturbed sleep, from which he was roused about an hour and a half after by frightful dreams; he had a desire to go to stool, but hardly had he quitted the bed when the nausea increased and was followed by severe vomiting lasting about two minutes, and at the same time he had a large soft and copious stool, accompanied by violent tenesmus. These painful occurrences took place three times at short intervals. The matters first vomited, consisted of the undigested dinner and supper, then a greenish yellow and bitter liquid. About three o'clock Mr. Heinrich again went to bed, and slept until six o'clock, when fresh and copious vomiting again occurred, accompanied by painful evacuations of a mucilaginous greenish yellow liquid. The vomiting then ceased, but the nausea and total absence of appetite persisted for four days. For the first day after the experiment, Mr. Heinrich took nothing but a little cold water, for the three subsequent days only a little soup. The stomach was large, very sensitive, and filled with flatus. The second day he had two stools, the third day, one, and the fourth, three, accompanied by much straining, and containing a large number of flakes resembling coagulated white of egg. The debility, considerable even the first day, in consequence of the numerous evacuations, was increased by the febrile disturbance. Mr. Heinrich was obliged to keep his bed the first day, and did not leave it for the three following. The fever commenced about the middle of the first day, with shiverings, followed by an intense heat for several hours, with thirst, increased pulse, disturbance of the brain and sleeplessness. The sensitiveness of the abdomen did not disappear until the fourth day. The quantity of urine passed could not be determined, on account of the frequency of the stools; it was turbid, and let fall an abundant white deposit.

Colchicine acts like other acrid substances, and only after absorption. The stomach and intestinal tube are the first to feel its effects: the brain and spinal system are either entirely free, or are only secondarily and slightly affected. When death occurs, it is most probably from paralysis of the heart. The blood does not coagulate; it becomes thick, black and pitchy, resembling that of the worst cases of cholera. It accumulates in large quantity in the right side of the heart, and very slight in the left auricle. This fullness continues in the vena cava superior as far as the cerebral veins, and in the vena cava inferior as far as the liver. In some cases, this accumulation is found as far as the commencement of the pulmonary artery. It has not yet been determined whether the colchicine passes as such into the urine and blood, or whether it undergoes any modification.

Applied to the skin—colchicine produces neither the tingling nor burning sensations of veratrine, nor the inflammation which results from the application of cantharidine and other acrid substances. Its taste is bitter, but not hot. It slightly increases the flow of saliva, but without producing ptyalism; when, however, the colchicine is enveloped in any subtance, this symptom does not take place, and is invariably absent in animals. Its action on the stomach is slow. According to Mr. Heinrich, in his second experiment when two centigrammes were taken, the gastric symptoms did not occur for four hours. The emeto-cathartic or drastic action did not make its appearance for nine hours. Digestion had been totally prevented, for the dinner was vomited unchanged, and we must recollect that the symptoms persisted for four entire days.

Emetine and veratrine produce vomiting (the latter, frequently purgation) soon after ingestion and the gastric phenomena disappear in a short time. Colchicine almost invariably produces enteritis, and sometimes a slight gastritis; veratrine produces neither, and emetine a little circumscribed inflammation of the stomach, only when given in poisonous doses, and when vomiting cannot occur, as in rabbits. Colchicine has more resemblance to elaterine and colocynthine, although its purgative property is not constant; for in two cases half a gramme and one gramme administered to rabbits did not purge, a thing of invariable occurrence with the two other alkaloids. From the above we see that there is a great distinction between colchicine and veratrine, although in the books, colchicum and white hellebore have been placed in the same category, as if their active principles had been identical. This difference is found even in their chemical re-actions, and becomes still more marked, when we compare their action on the brain and spinal marrow, for colchicine does not affect these at all. In common with aconitine and digitaline it exerts a paralyzing influence over the heart, but differs from these in all other respects.

A most remarkable circumstance, is the fact, that the length of time required to produce death bears no relation to the quantity of the poison administered. For a rabbit ten centigrammes is the minimum mortal dose, and fourteen hours are required for this result; fifty centigrammes produced death in nine hours in one, in ten hours in another; it required twelve hours for this quantity to kill a third; in another instance one gramme did not cause death until after eleven hours. In no other toxic agent is such an anomaly to be found.

In poisoning by colchicum in men, we find circumstances similar to what obtains with colchicine. The phenomena require several hours for initiation, and death only occurs after the lapse of some considerable time, and sometimes only after several days; the cerebral and spinal functions are perfect until death, and the blood is thick and pitchy. No action on the kidney has been observed either in men or animals from colchicine, the urine has neither been increased nor modified, nor does it contain blood, but this latter circumstance has been noted by Strumpf as occurring after poisoning by colchicum. In colchicine, as in colchicum, the acrid principle predominates, the narcotic is hardly observed, and therefore our classification would place it among the acrids, differing from digitalis and aconite, which are narcotico-acrids. Mr. Schroff made several experiments on the comparative action of the bulbs of colchicum, gathered at different times of the year, and compared the bulbs with the seeds. The following are the results:

The seeds are less active than the dried autumnal bulbs. The autumnal bulbs, dried by the sun and in the air, do not lose their activity by this preparation—the bulbs of summer, as well as the fresh plant, are much less active than those of autumn. The mode of drying as above is preferable to all others. Preservation for several years does not interfere with their activity. The symptoms observed during life, and the results of post mortem examinations, are the same after poisoning by colchicine, or the fresh or dried bulbs. This proves, therefore, that the former is the active principle of the plant.

Professor Albers, of Boun, published, in 1851, the results of the action of colchicine on frogs. These differ in some important particulars from those of Mr. Schroff, but we must recollect that the one operated on rabbits, the other on frogs, whose organization differs in its toxic susceptibility from that of mamimifera. Half a grain of colchicine introduced under the skin of a frog's thigh produced, in fifteen minutes, rapid breathing, in thirty-three minutes the thigh was paralyzed, in an hour the paralysis was total. All sensation and reflex action was destroyed, respiration was lost, but the heart beat for nine hours. Mr. Albers also related the effects of the seeds of colchicum. An infusion of two grammes (30 grains) produced in nine hours an abundant perspiration; at the same time the sensibility of the skin was diminished, and pain became less intense. From this, he deduces the benefit obtained by this remedy in rheumatic affections. He finds this infusion particularly useful in the desquamation which occurs after acute gout; it materially diminishes its duration.

Oberlin has recently shown that colchicine is not the active principle of colchicum—by further experiment he obtains a crystalline principle which he calls *colchiceine*—its properties are as follows: it crystallizes easily in pearly lamellæ, is completely insoluble in water, but communicates to it a slight bitterness, it is soluble in alcohol, ether, methylic alcohol and chloroform, which contract an intense and persistent bitterness. It pre-exists in the seeds of colchicum, and is much more active than colchicine: thus we have seen that five centigrammes of colchicine produces death on a rabbit in from 12 to 14 hours, and a gramme death after 7 or 8 hours; one centigramme of *colchiceine* produces death in 10 or 12 hours, but five centigrammes causes complete paralysis of the limbs, and death in a few minutes.

VALERIANATE OF ZINC.

The following is the formula, as it is prepared by Mr. Pierlot, and is the preparation used by Dr. Declat in the treatment of nervous affections:

Distilled water 32 drachms.

Valerianic acid, 1 drachm.

Carbonate of ammonia, q. s., to neutralize the acid, add—alcoholic extract of valerian, 2 scruples.

By this formula, we obtain in a concentrated solution all the constituents of valerian root, and in as slightly a disagreeable form as possible. Valerianic acid, according to Pierlot, is an educt and not a product as has been hitherto supposed.

Ten drachms of valerian root yield about seven grains of valerianic acid.

The dose is a tea spoonfull 3 or 4 times a day.

ANÆSTHESIA EXTRAORDINARY.

Gazette des Hopitaux, June 9th, 1857.

The action of anæsthetic agents is at present a most interesting topic. The atmosphere is redolent of amylene, chloroform and sulphuret of carbon. We have pleasure, however, in reporting a most ingenious application of chloroform recently made by Mons. Doyere. All sorts of means have hitherto been employed for the protection of our granaries from the devouring worm. Tobacco, turpentine, all have been tried, all have failed—and the beneficial influence has been attributed solely to the odor.

Later, however, the subject of anæsthesia in general having been better studied, pointed out that a certain number of gases possessed identical properties. Since ether not only plunged the animal into a profound sleep, but in a large dose, destroyed its life, agriculturists possessed an excellent means of relieving themselves from their troublesome guests. Mr. Milne Edwards, the eminent zoologist, was the first to propose Benzole as a preservative of grain; Mr. Doyere then examined the subject, and after serious study, placed in the first rank as *insecticides,* bi-sulphuret of carbon and chloroform.

A commission, appointed by the Minister of War, chose Algeria as the place for Mr. Doyere to experiment on a large scale. It was found that two grammes of chloroform for every hundred weight of wheat was sufficient to destroy all the insects in four or five days, when placed in hermetically sealed granaries. With five grammes of bi-sulphuret of carbon for every hundred weight, the destruction was complete in twenty-four hours. The action of chloroform is slower on account of the density of its vapor, which causes it to descend and stagnate in the lower portion of the granary. Mr. Doyere employed fifty kilogrammes and five hundred grammes of bi-sulphuret of carbon for eleven thousand six hundred hectolitres of barley. Twenty minutes sufficed for the introduction of the anæsthetic agent into this enormous quantity of grain. The hermetically sealed granaries, although the best apparatus for this operation, are not absolutely necessary, for the same result can be obtained in a more simple manner. Over the heap of grain is spread a large impermeable cloth, and any opening at the side is closed with wet clay. In this way, the larvæ are destroyed in the interior of the grain, the germs are destroyed in the eggs, and the seeds subjected to this process are entirely freed from any living animal. Some serious objections were now raised to this process. This anæsthesia of the grain might, perhaps, injure the germinating power of the seed. Might not the disagreeable odor of the sulphuret of carbon, persist in the flour and bread, and might not cattle be disgusted and incommoded by food containing these cereals? It was satisfactorily proved, however, that the germinating power of the seed was not in the slightest degree affected by a prolonged exposure to anæsthetics; the disgusting odor of sulphuret of carbon disappeared after three days' exposure to the air; the bread and other products of the mill had not the slightest taint, and animals readily eat grain just taken from the granary, and consequently reeking with the odor. From his experience Mr. Doyere concludes that the sulphuret of carbon is a powerful anæsthetic agent, but without any subsequent poisonous effect. Another very remarkable fact follows from these experiments: Wheat, treated by the sulphuret of carbon, or by chloroform, having been re-arranged in beds, has no longer a tendency to be heated, while in grain not subjected to the same treatment, the temperature rises as high as 40° centig., notwithstanding several shovelings a day. How can this absence of fermentation be accounted for? Can it be owing to the action of the anæsthetic? It certainly deserves consideration.

EDITORIAL AND MISCELLANEOUS.

Medical Schools—No. 5.—*The American Medical Association and Medical Education.*—In our last issue we reminded our readers of the real spirit which had given birth to the American Medical Association; we adverted to the foundation on which it stands, and on which alone it can stand—viz: its right, and its power, to control the subject of medical education in this country. We assert that it has this inherent right—a natural right—and in a free country right and power go hand in hand. When a freeman asserts his right to act, he feels that he has also the power: the difference between him and the subject of the foreign despot is, that the latter has as fully the right, but knows not the meaning of the word power. Power, in a land of freedom, follows naturally the right; but, says a professor in a medical school, at the late meeting of the American Medical Association:

"*Resolved,* That this Association has not the power to control the subject of medical education."

This was a sentiment uttered by an American freeman; consequently he must deny equally the *right* of the Association to interfere in the matter. But what is the American Medical Association? Is it a representation of the medical schools of the land? or is it a national congress of the "people" of the profession? No man will deny that it *purports* to be the latter. If it were the former, put forth the resolution, and ram it down the throats of the multitude, if they are willing to submit: a tribunal of medical schools are at liberty to assert anything they please, and it rests with them to maintain the position assumed. But, if the Association be composed, as it is, and as it was ever intended, of the "people" of the profession—and if representatives of medical schools are admitted to fellowship on the strength of credentials only co-equal with representatives of other bodies—as we assert they are—then it savors of treason to attempt a separation of the power from the right, as is evinced by the foregoing resolution. If the American Medical Association be a congress of representatives from the "masses" of the profession (and this it is, and not one jot or tittle less,) then it has the right—the moral, not physical right—to control all good men in the ranks of the profession, for all good purposes, and that man is an enemy to the true interests of the profession, as well as recreant to the true meaning and intent of the credentials under which he takes his seat, who would for one moment, or in any manner, attempt to place the power in antagonism to the right. Ruin or revolution must be the inevitable consequence of such dealing, and he who brings about either, had better "stand from under."

Strange it is, that ever since the organization of the American Medical Association, there has been an undercurrent from the medical schools constantly directed against its foundation. Having but one high and holy aim in view—the elevation of the standard of medicine—the Association opened wide its doors and invited all good men to participate in its proceedings: the medical schools, at whose very doors were laid some of the loudest complaints of the "people," were not excluded; on the contrary, they were freely confided in, on account of their earnest protestations in favor of reform. Has the Association ever asked any reformatory action on the part of these schools which they could not have readily accomplished? If so, we fail to find the record of the requisition in all the transactions. And yet a tacit resistance, a war, has been kept up between the two, until, at last, the Association is denied the power, and consequently the right, to control that very subject within which is to be found nearly all the evils of which the profession has for ten years been trying to free itself. We admire the noble spirit which prompted a free admission of all the representatives of all the legitimate branches of the profession into this national congress, but better far would it have been if every medical school had been excluded, rather than matters should have ended thus. It will do very well for school men to say that the objects of the Association are "the advancement of medical science, and the promotion of harmony in the profession," and that "the matter of reports is the only means by which the success of the organization can or should be judged;" but where is the "advancement," or the "harmony," or the "matter of reports" to come from, when men go to the meetings of the Association pre-determined to oppose the will of the "masses" of the profession on a subject of the very first importance—the subject, on the satisfactory arrangement of which depends all this "advancement," "harmony" and "matter of reports?" The representative of a medical society can scarcely feel comfortable in his seat when he reflects that the highest honor of the Association is each year sure to be conferred on one of those whom he believes to be sapping the foundation of the Association, and that a school of seven men is entitled to a more numerous relative representation by far, than even the State Medical Society from which he may bring his credentials; much less can he even dream of "advancement," "harmony" and "the matter of reports." No, he can only feel at each meeting that the profession is retrograding, that wrangling is fast taking the place of harmony, and that the matter of reports is becoming a dead letter. We know full well from our acquaintance with the medical press of the country, that the threatened failure of the Association is otherwise accounted for, but we do not hesitate to express the opinion here, that every obstacle which has been met with in the road to reform may be traced to this unnatural difference which exists between the "people" on the one hand, and the medical schools on the other—a difference which should never have arisen, as there has never been any just ground for it. We should be sorry to see the spirit of revolution aroused amongst the "people;" yet revolution is better than anarchy and ruin, and if the medical schools will not only not acquiesce in the reasonable demands of the mass of the profession, but will even prove worse than recreant to the spirit of the credentials on which they are admitted to co-equal rights and privileges, and absolutely rebel against the universal sentiment of their peers and their patrons, then we say, let all schools be denied a representation in the Association, or at least those who thus kick against the pricks. Without the schools the "people" can get along, (for they *can* build up their own schools,) but that school must inevitably sink, which is abandoned by the people. We have unbounded confidence in the good sense of the masses, and we do not believe that they will wish to impose measures of reform on the schools which are not quite feasible and proper; or if they should, in their zeal, be a little premature in their action, we believe that a proper appeal to their common sense is a better means of redress than doggedly running a tilt against their recommendations, and insulting them with resolutions to the effect that they have neither the right nor the power to control a subject which is of vital importance to them, and on which alone, as a foundation, the Association can stand.

But let us see wherein the American Medical Association—we mean the people of the profession—has so widely differed from the schools, that they will not condescend to yield one inch to her recommendations, and rather regard the same as gratuitous advice, not called for by the exigencies of the case, or if called for, at least a matter not at all under the jurisdiction of this body. All the reports and all the discussions of the Association have at last been resolved into three fundamental propositions to the schools—viz: Extension of the lecture term, a greater amount of hospital instruction, and improvement in preliminary education. The first of these is wholly within the control of all the schools in the land; they have nothing to do but to say that the term shall be six months, instead of four, and the student has no appeal; he must attend a six months course or none at all. It would only be necessary for all the more important schools —we mean those most favorably located—to make the change, and the others would be forced to follow suit. Why is it not done? All acknowledge that it is a necessary piece of reform; every sensible man must admit that the sixteen weeks system is, as the North American Medico-Chirurgical Review says: "*Preposterous*—in violation of all laws of health, physical or mental." The idea advanced sometimes in the medical journals, that you can't keep students in attendance longer than four months, is all mere stuff; there is no reason in it; it is a mere postulate of the frailest kind. We are willing to admit that if you require the student to attend six or seven abstract lectures daily, in addition to other and manifold duties, he will tire out in four months, or even less; but reduce these lectures to not more than four per diem, and give him ample bedside instruction, with time to read and digest what he sees and hears, and he will be found quite as amenable to the six as to the four months course. The student of medicine *has* common sense and a proper regard for his own interests, despite the croakings of his quasi friends to prove the contrary.

As to the subject of hospital instruction, the second recommendation of the Association, we know that in touching it we cause an involuntary shudder on the part of some of our contemporaries, but this we cannot avoid; if medical men will establish medical schools where there are no hospital advantages, it is their own look out; we are treating of an important subject—medical education—and we must say, not only what we think, but that which the mass of the profession think, and that loudly, too. A medical school—to use an Irish bull—is no school at all, without a hospital from which to derive practical information. The time has passed in this country when the profession will be satisfied with mere oral instruction. Under the march of civilization, magnificent hospitals have sprung up in our land, and the profession demand that students of medicine shall now have the benefit of them. When we had none, we made a virtue of necessity, and did the best we could; but now we have them, all acknowledge their utility, and all that the American Medical Association asked, was that we should use them. Did they ask anything unreasonable? No; in making the request, they only disclosed the weakness of the institutions not in the atmosphere of hospitals, and they showed the professors in those institutions more favorably located, that they were only doing half the work for their students to which they were entitled; and here was ground enough to give rise to resistance. But was ever resistance grounded on a more pitiful basis? When all the world around us is radiant with the light of progress, shall the medical schools of the land, the fountains from which our youth are to drink that knowledge most serviceable to our race, loiter behind from sheer laziness? Shall we forever send our young graduates to foreign countries to acquire a practical knowledge of medicine, when even greater advantages lie at our very doors? What comparison is there between the squalid wretches who inhabit the hospitals of the crowded cities of London and Paris, and the patients in our own hospitals who present some stamina on which to work. The American Medical Association asked nothing unreasonable on the score of practical instruction; the "people" have a right to demand that our graduates shall go forth knowing something more than the mere alphabet of the profession, and the schools have no right to resist the demand.

In our next issue we will endeavor to complete our remarks on this interesting subject. All medical men in this country are deeply interested in the advancement of medical education, and we offer no apology for prolixity. Again we say, that the American Medical Association *has* the inherent moral right to control this subject; if the schools will co-operate with her in the work of reform, well and good; if not, then force them in by boldly playing on the money chord. The students are under the control of the "people," and schools cannot exist without students.

Just Indignation.—In our last number, we referred to an effort on the part of a Northern journal to restore Dr. James McClintock, an expelled member of the American Medical Association, to the ranks of the profession. We have now to inform our readers that this individual has been elected by the Guardians of the Poor in Philadelphia, to one of the most distinguished medical positions in that community, viz: Resident Physician-in-Chief to the Blockley Hospital. Our readers are, no doubt, aware that James McClintock was expelled from the Medical Association because he openly took to vending quack nostrums. Immediately on his election to the above post, all the Assistant Resident Physicians, and all the Cousulting Medical, Surgical and Obstetrical Staff, of the Blockley Hospital, resigned their positions, "in order to avoid the stain of official association with the Chief Resident Physician." But this is not all. From the Philadelphia North American, we notice that a special meeting of the Philadelphia County Medical Society has been held, and a preamble and set of resolutions in relation to the subject have been unanimously passed, after having been fully discussed by Drs. Samuel Jackson, Haynes, Littell, Wister, La Roche, Ludlow, and others. Both preamble and resolutions are conceived in a proper spirit and are couched in unexceptionable terms, and must meet the cordial approval of every honest physician in the land. Want of space forbids our giving here anything more than the resolutions, but the preamble is one of the most dignified appeals to the justice, philanthropy and common sense of the community, that we have ever seen. The Guardians of the Poor (their names ought to be known to the whole profession) have insulted and deeply injured an honorable and useful portion of the community in thus elevating a degraded and most unworthy member of society, and the act should be placed in its proper light, that they may feel the disapprobation of all good men.

"*Resolved*, That the Philadelphia County Medical Society offers its cordial congratulations and assurances of continued interest in the future welfare of the six gentlemen, viz: Drs. Tutt, of Virginia; J. H. Berrien, of Georgia; J. Cummisky, of Philadelphia; Thomas Marshall, of Virginia; X. X. Xaupi, of Missouri, and J. S. Coleman, of Georgia, who, at a great sacrifice of advantages for acquiring clinical experience, resigned at once as Assistant Resident Physicians of the Blockley Hospital, rather than be exposed to professional intercourse with the obnoxious Chief Resident who has just been appointed.

"*Resolved*, That any countenance which has been given by any member or members of the medical profession, in the way of verbal or written recommendations of the individual who is now Chief Resident Physician of the Blockley Hospital, and an expelled member of the National Medical Association, renders them amenable to censure for a breach of medical ethics, and deserving the same penalty which has been incurred by this person, with whom they may be said virtually to be in league.

"*Resolved*, That the prompt resignation of the gentlemen who composed the Medical, Surgical and Obstetrical Staff of the Blockley Hospital, in order to avoid the stain of official association with the Chief Resident Physician, was in accordance with their well known principles and practice, and meets with the entire approval of this Society.

"*Resolved*, That this Society cannot but deprecate the very idea of any of its members holding office under or with the present Chief Physician of the Blockley Almshouse, and can only regard such an act as a voluntary loss of membership; and in the case of a physician who is not now a member, as an absolute disqualification for his becoming so."

But there is another, and a dark side to this picture. Whilst the Philadelphia County Medical Society is appealing from the iniquitous decision of the Guardians of the Poor, and is warmly approving the honorable and admirable action of the Assistants and Consulting Staff—shall we say it? —that two Northern Medical journals have actually given, and are giving the most unworthy recipient of this high distinction, aid and comfort, and are positively appealing to the profession to recognise the outcast! The Philadelphia Medical and Surgical Journal is one of these; the American Medical Gazette the other. The latter journal gives the history of Dr. McClintock's fall—that he sold himself and recipes to the New York Tribune, etc., for $5,000, (cheaper than many of our slaves are estimated, because *they are honest*); that he, and his nefarious gang, failed in the speculation, and that he fell to "bankruptcy in reputation and in purse." Yet this same journal tells us of his now "repudiating all association with, or interest in, the business of nostrum vending," and that he gives "all his famous, celebrated recipes in detail, *pro bono publico*"—and it actually defiles its pages with the printing of these recipes, we suppose for the *benefit* of the profession. More than this, it disapproves of the course pursued by the Assistant Physicians, and alleges, as its reasons, the "public recantation of the error of his life," etc., and acknowledges that it (the editor of the Gazette) had given its "signature, advising his appointment" —together with some fulsome stuff about its "reverence for the 'higher law.'"

That such a course of conduct will meet with the universal condemnation of the profession, is as certain as there is a bright sun to shine on the evil deed, and show it unto us in all its hideous deformity. When men who are placed in high positions by the profession, will thus give aid and comfort to its meanest enemies, how is the standard of Medicine to be elevated? What a picture! The first *Vice President* of the American Medical Association giving aid and comfort to a man who has been most justly and formally expelled from said Association,—who, according to the preamble, "in the Philadelphia County Medical Society never obtained a footing,"—and who voluntarily sold himself to be a slave of nostrum vendors; thus most thoroughly degrading himself in the eyes of all good men, and (ostensibly) in his own, as he now craves to be taken back amongst us! Surely the profession needs a drastic purgative; there are foreign bodies, irritating matter, higher up in its primæ viæ than the point from which James McClintock was ejected.

The Philadelphia County Medical Society, the Assistant Physicians, and the Consulting Staff, are all right, and the whole profession, North, South, East, and West, will applaud their actions. Had James McClintock succeeded in his dirty speculation, he would now have been at it, instead of in the Blockley Hospital, and his friends might have been spared the sharing of his degradation; but he has *failed*, and herein lies the sole reason why he is now found begging bread from the table he did not hesitate to degrade. Had he fallen in his youth, when temptations are often too strong for the immature moral nature, there might have been some reason for taking him back on good behaviour; but he had lived to know wherein consisted all that is noble and alluring in our noble profession. His tastes were below all these, and he voluntarily leaped into degradation because he thought he saw the "immortal dollar" in his grasp: and there let him wallow, or at least, let him be content to eat crumbs from the board he dishonored, and leave the choice viands, and all the honors, for men of worth.

We earnestly hope that the Guardians of the Poor will fail to find another body of medical men to take the places of those who have so honorably resigned. We cannot believe that any reputable physician will accept office under James McClintock.

N. B. While the above was in the hands of the printer, we received the following Circular, from the College of Physicians and Surgeons of Philadelphia. We know our readers will willingly allow it to be reprinted in full. The action of the College will find a cheering response in the heart of every true medical man in the land, and the ignoble spirit which has prompted these so-called "Guardians of the Poor," will be *universally condemned:*

PHILADELPHIA, July 2, 1857.

"At a meeting of the College of Physicians of Philadelphia, held July 1st, 1857, the following Preamble and Resolutions were unanimously adopted:

"WHEREAS, The Board of Guardians of the Poor, at their meeting of the 8th of June last, elected to the office of Chief Resident Physician of the Philadelphia Hospital, Blockley, Dr. James McClintock, whose name has been stricken from the roll of the American Medical Association, at its annual session held in the City of Detroit, in May, 1856, in consequence of his having abandoned the ranks of the profession, and assumed the degrading position of a manufacturer and vendor of empirical and secret medicines: therefore be it

"*Resolved*, That the selection of the said individual to fill the important and honorable office above referred to, made in the face of the verdict of the Association—a verdict by virtue of which he is no longer recognized as a member of the Medical Profession—is indignantly pronounced to be a gross and gratuitous outrage on the feelings of every member of that profession, not only in this city but in the country at large, and as such meets with the unqualified disapprobation of the College of Physicians.

"*Resolved*, That the College takes this early opportunity of tendering its cordial and entire approbation of the course pursued by such of the Assistant Resident Physicians of the Institution mentioned above—namely, Drs. C. P. Tutt, of Virginia; J. H. Berrien, of Georgia; J. Cummiskey, of Philadelphia; Thomas Marshall, of Virgina; X. X. Xaupi, of Missouri, and J. S. Coleman, of Georgia—as have, at the sacrifice of most valuable opportunities of clinical instruction, promptly and unhesitatingly resigned the position they therein held, sooner than serve under a chief outlawed by the highest medical tribunal of the land, and with whom no physician alive to a sense of self-respect, and having at heart the honor and dignity of his calling, can professionally associate. In so doing, the College further tenders to those gentlemen the assurances that, by thus acting, they have evinced a moral courage and an appreciation of the high obligations imposed upon them by the noble mission upon which they have recently entered, worty of all praise, and have thereby raised themselves in the estimation of every honorable member of the medical profession.

"*Resolved*, That the College has learned with unfeigned satisfaction, that the entire professional corps attached to the Institution alluded to, have, for the same reason, and to repel the insult offered to them by the recent action of the Board of Guardians, resigned their respective posts.

"*Resolved*, That in the opinion of the College, none of its members can justifiably accept office under, or hold professional intercourse with, the individual referred to in the above resolution, whether in the Institution so improperly placed under his control or elsewhere; and that, by following a different course, such members would become amenable to the censure of the College, and expose themselves to the penalties which the individual himself would have incurred had he been a member thereof.

"*Resolved,* That the College would learn with deep regret and a feeling of shame, that any of its members had promoted, directly or indirectly, either by letter or otherwise, the election to a post of honor and emolument such as that of Physician-in-Chief of the largest Hospital in this State, of an individual who for the very grave offence referred to in the preamble, has been cast from the folds of the profession, and cannot re-enter it without a formal reversal of the verdict under the effects of which he now labors; and that the said College would think itself obliged, did an event of the kind alluded to occur, to apply to the one guilty of so palpable an infraction of the Code of Ethics by which its members are governed, the penalties imposed on the abettors of quackery.

"*Resolved,* That the College would learn with equal disapprobation, that any of its members have recommended to others to take or retain office in an Institution whose Chief Physician, like the present incumbent in the Blockley Hospital, no longer holds an honorable position, if any, in the Medical Profession.

TRANSACTIONS OF THE SECOND SESSION OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA—*Convened in Sacramento, February* 11*th*, 1857.—We acknowledge the receipt of a copy of these Transactions with great pleasure, inasmuch as we have really been much interested in the perusal of the same. Our brethren in California deserve great praise for their zeal in behalf of Medicine.

The meeting seems to have been very well attended, and the Reports are highly interesting. The address of the President—on "Deformities of the Locomotive apparatus"—is well worth the reading. It sets out with the proposition that "walking is, or should be made, the legitimate primary element in the cure of deformities in the lower extremities;" that "patients will bear, with ease, a degree of pressure upon the lower extremities, made by an apparatus that admits of their walking, which would cause intense pain and, perhaps, irritative fever, provided they were compelled to keep still." The author has devised a "spring boot," which he highly recommends to meet the indications in club foot, etc.

Typhoid Fever.—Dr. Ira E. Oatman furnishes an interesting report on "Typhoid Fever—Enteric." He says, that this disease is so common in California, that "it is scarcely secondary in importance to any other." It "prevails along the Pacific coast and around the Bay of San Francisco to some extent; in the malarious valley of the Sacramento, and extensively in the higher altitudes of the mining regions and the mountains." "It mostly affects the young and middle aged, and is exceedingly variable in its mode of attack, its prevailing symptoms, its progress, and terminations; its fatal effects being often wrought before any positive indications are manifested of their existence." "With a single exception, the purely expectant treatment has given me the best satisfaction." If the patient has been residing many months in a malarious district, whether the type be remittent or not, he strongly advises quinine. He gives five grains, combined with four or five grains of Dover's Powder, every four hours, the bowels having been freely open. This will mitigate the symptoms in the course of two days, if it does not fully eradicate the fever.

Medical Topography, etc.—Dr. Logan, of the Committee on Medical Topography, Meteorology, Endemics, and Epidemics, gives a short report of progress, with some valuable suggestions, to the Society, in relation to this important feature in their organization.

Dr. Morse gives a short report on Medical Education, in which he says there is no prospect for a medical school in California yet, and in which he is "down on" the hospitals in that State for the "cheap" manner of conducting things. California is not the only State that buys "cheap medicines" for the poor.

Ligature of the Iliac Artery.—Dr. E. S. Cooper, of San Francisco, reports a case of successful ligature of the iliac artery. During the operation, and before the artery had been reached, there was alarming hemorrhage from the iliac *vein*, and Dr. C. found himself compelled to *ligate this vessel.* He says he is sure he did not cut it, as he had laid the knife down three or four minutes previous to the hemorrhage, on coming to the transversalis fascia, and the real condition of the vessel has always since been a subject of mystery to him. The patient recovered promptly, and the temperature of the limb, after the operation, "was but little below the normal standard at any time, nor was its sensibility materially changed." This set Dr. C. to thinking, and he resolved to made some experiments on dogs. Of fifteen dogs, he ligated the iliac artery only in six. One of these died, and five recovered, after great reduction of temperature in the limb during a day or two, in spite of stimulating applications. Terebinthanic liniments would hardly disturb the animal during two or three days. In five other dogs, he ligated the artery and vein simultaneously; all recovered, and with heat and sensibility "nearly natural from the first."

In two dogs, he ligated the aorta and ascending cava simultaneously, and in two others the aorta alone, but death ensued in all. This is a very suggestive theme.

Ligature of Common Carotid.—Dr. Beverly Cole, of San Francisco, reports a case of successful ligature of the common carotid artery. The subject was Mr. S. A. Hopkins, said to have been wounded by Judge D. S. Terry, of the Supreme Bench. The knife appeared to have wounded the internal carotid, or one of its large branches.

Midwifery, etc.—Dr. H. Gibbons gives the report on Obstetrics. Dr. Gibbons says, that uterine disorders are very common in California, and attributes the same to "the assiduous attention paid to women—few in number, by the redundant male population." This is to be observed in frequency of conception in women who had ceased to bear children—they having commenced again after intervals of five, ten, or fifteen years. Also, in the frequency of twin births, the great tendency to miscarriage, uterine hemorrhage, menstrual disorders, and countless "neuralgic maladies of uterine origin." Dr. Gibbons says that ten pounds is a very common weight for California babies, and he has seen two of twelve and a half and thirteen pounds. Twins, he believes, are certainly more frequent than in the United States, "and triplets are by no means unheard of." The number of still-born children is "beyond all due proportion—in part attributable to untoward presentations, and preternatural and complicated labors, but mostly to ignorant women and inexperienced men." Mammary tumors and abscesses are very common. Premature and ill-judged marriages, on account of the great demand for wives, are doing great harm. Puerperal convulsions are not uncommon, and Dr. Gibbons has seen a great number of unpromising cases relieved by the use of chloroform and ether. "Ulcerations of the os ateri are decidedly popular with both doctors and patients." The production of abortion by the California women is very common, and Dr. Gibbons is down on them, as well as on a certain set of doctors who give them aid and comfort. But we must close, by again welcoming this book of Transactions.

Rokitanski has just issued another edition of his great work on Pathological Anatomy, and it is said to be altogether at variance with the first. The Sydenham Society must, of course, be in a quandary, as they went to great expense in translating and publishing the first.

MORTALITY IN CHILD-BED.—Dr. Tyler Smith has recently announced that 3000 women die annually in child-bed in England—one in 171 labors. Pity we had not some reliable statistical data in this country. We do not believe that the mortality is so great in communities where medical men are well informed in obstetrics. Our observation here teaches us that the large proportion of the complicated obstetric cases are found in the hands of the ignorant sage-femmes.

EXCITO-SECRETORY SYSTEM.—Dr. Marshall Hall "gracefully yields the *idea* and the *designation* of the excito-secretory action to our countryman," Dr. H. F. Campbell, of Augusta, Georgia. We congratulate Dr. Campbell on his having been so successful in his appeal to foreign liberality. Dr. Hall has thus acquired a new distinction, and has set his countrymen an example worthy of their imitation.

ROYAL HONORS.—Dr. Locock, accoucheur to the Queen of England, has recently had conferred on him the honor of the knighthood, and is now *Sir Charles* Locock (Punch says he should have been called "Lord Deliver us.") In this country, medical men have a choice of two roads to success and distinction—one is true merit, the other humbuggery. In England, and on the continent, they have a "near cut," called royal preferment, and the lucky traveler need be neither meritorious nor a humbug.

NEW METHOD OF TREATING ABSCESS.—In the July number of the Southern Medical and Surgical Journal, we notice interesting extracts from letters from Dr. T. A. Means, of Georgia, now in Paris. He says: "M. Chassaignac has now in his hospital some forty patients under treatment for *abscess*, by a new system which he terms "drainage." It is simple, rational, and effective, He employs a gum elastic tube about one eighth of an inch in diameter, perforated along its sides with small holes, at intervals of two or three inches. When called to operate, he thrusts a trocar and canula entirely through the abscess at its base—withdraws the trocar, inserts the tube in the canula, passes it through, and then removes the canula itself—leaving only the flexible tube to perform its work of drainage. All can be done in ten minutes, or less time. Some two or three times per day, the tube should be moved, one or two inches, so as to allow a free exit of pus through the openings."

Another Bubble Burst.—Some time ago the governors of the Middlesex Hospital, under the advice and consent of the medical officers of the institution, assigned a number of beds to the *great* Dr. Fell—the American physician in London—in order that he might demonstrate the efficacy of his great cancer remedy. All this was done on condition that Dr. Fell should, after a while, impart to these medical officers the secret of his remedy. Well, the result has been, that Dr. F. has eaten out sundry so-called cancers (of course time alone can tell whether any cures have been effected), he has been so much talked about, that his fortune is already pocketed, and he now gives the world his *secret*—a little chloride of zinc, blood-root, flour and water. In America Dr. Fell and his secret were never heard of, but in England the *doctors* have made a great man of him—no doubt a reciprocation of our compliment in stuffing their Dr. Turnbull's pockets with our gold; for there is no disputing the fact that our physicians did send their deaf and blind patients to Dr. Turnbull. If ever Fell and Turnbull meet, they will have a hearty laugh over the folly of mankind generally, and medical men especially.

A Noble Concession.—The Medical News and Library for July says, that the Philadelphia College of Medicine will, after the termination of the present year, give but one full course of lectures annually, and will only graduate its pupils at the close of the winter term. Its summer lectures will hereafter be only supplementary.

We are happy to see this mark of respect shown for the general sentiment of the profession, and we predict the that College of Medicine will never regret the step. Other medical schools will be making concessions before long.

Fusion of Medical Schools.—The Cincinnati Medical Observer for July, announces the "consolidation" of the Medical College of Ohio and the Miami Medical College. Of course some of the professors have had to retire. The idea seems to be that "a fuller *hospital service*" is deemed necessary. No doubt good will result from this change. We have long thought medical schools were a little too thick in Ohio to thrive.

School Circulars.—So far as we have seen, the circulars of the medical schools for the present year give an earnest of unusual activity on the part of the teachers of medicine. One thing is certain: all seem to be awake to the fact, that henceforth *practical* instruction must be the great magnet which is to attract the student of medicine. A new era has dawned on us, and the school which expects to be permanently established must be able to afford its students practical demonstration of the subjects taught. A medical school without a hospital, is a ship without a rudder, a coat without a tail; it is anything but that which it should be.

But we said that all were setting forth their peculiar attractions—in other words, they are advertising. This is all right; it is legitimate to offer the student of medicine advantages superior to any heretofore known, and you can only offer them properly and extensively through the medium of paper, type, and printer's ink, combined. But, look out that you do not over step the mark, and offer more than you are really possessed of, or able to bestow, even if it be at your disposal. The medical student is sometimes "green," but we never saw one yet who was not perfectly capable of calculating distances and his own physical ability. You may show him in print that your particular city affords a dozen different hospitals and as many dispensaries, etc., etc.; but he knows full well when they are three or five miles apart, or even separated from the college by rivers; in fact, it does not take him long to find out that it is better to be near one first rate hospital, than one, two or ten miles removed from a dozen of them—and more especially when the lecture term is so short that he must attend six or seven lectures daily. Advertise, then, but do not offer too much. There are two ways of disappointing the student of medicine—one by offering him that which you do not possess, the other by surfeiting his mental appetite.

We are Satisfied.—The North American Medico-Chirurgical Review answers our questions put to it on the subject of medical education in Philadelphia, by referring us to their "publisher's circular on the back of their Review," which says that "no sectional clique or *school* influence will be represented in its pages."

We beg leave to apologise for having inferred that the editors were the free editors of a free journal, in a free country, and offer as our excuse, that we have always been in the habit of judging of a book by the quality of that which we find *inside* of it, and not by any array of "buncombe" circulars we may find on the back. Then, again, we have always thought that our birthright was far above a mess of pottage. But we will, in future, apply all interrogatories to the "publishers."

Complimentary.—The latest Fisk fund Prize has been awarded to an English doctor, who says in his essay, that auscultation and percussion are not taught in this country! No doubt the committee who awarded the prize read the essay. Or, may be they detected the odor of salt water about the package, and that was quite enough to settle the question.

A New Exchange.—We are in receipt of Number 2, Vol. 5, of the "Medical Chronicle, or Montreal Monthly Journal of Medicine and Surgery," edited by Drs. Wm. Wright and D. C. MacCullum. It will afford us great pleasure to exchange. Cannot the Editors send us Number 1, of Vol. 5, or even all their Volumes. We will gladly reciprocate the favor.

Another Present to the Museum of the New Orleans School of Medicine.—The Faculty of this School are under great obligations to Dr. John Butts, of Princeton, Mississippi, for one of the finest specimens of Elephantiasis we have ever seen. An account of the case will be found elsewhere in our pages. Such are some of the brightest evidences of the increasing interest that is felt by our country brethren in this young and flourishing Institution. We call on all our friends to make contributions. Throw nothing away. Send us everything of interest. We will gladly incur the expense of transportation.

Medical Department, University of Louisville.—In our present number we issue the advertisement of this popular Northern School. We are officially informed that the College is being rebuit, and that it will be re-furnished in the very best style.

A Special Notice to Our Patrons.—We beg leave to say that we are now sending bills to all our subscribers who are in arrears, and we earnestly hope that they will pay some attention to our calls. Quite a number of our friends have already paid up in advance, but we have many country subscribers who owe us five, ten, thirteen, and even *sixteen* dollars—the latter gentlemen having been living on our hard labor ever since we began the enterprize, *without paying a single cent.* Perhaps we do not know what comfort is, but we would rather be an editor, working hard for our fellow men, without remuneration, than be in the shoes of one of these non-paying *friends* of medical literature. For shame! gentlemen; pay us up, and let us be enabled to enlarge our journal, and give you more than you will now permit us, for the same money.

If every subscriber would pay what he owes, and send us another subscriber, with his advance pay, we could furnish a journal of nearly double the size. As it is, for the want of that which is justly due us, we are cramped in our operations.

Will some one explain to us on what principle it is, that the man who is largely indebted to our journal, gets angry because we send him his bill, and forthwith orders his name off the subscription list? Is this what is commonly called "virtuous indignation?"

HEALTH OF OUR CITY.—Up to this time we have certainly had as pleasant a summer as any one could desire. The sun has shone down on us with full vigor, but has never chased the mercury further up the tube than 94°, in the shade. We have had fine breezes, plenty of refreshing showers, and, better than all, cool nights. What Northern city can boast of all this? But what a quandary the yellow fever wizards must be in! We have had heat and moisture, dead dogs, cats, chickens, etc., all over the streets, and plenty of hungry doctors; yet Yellow Jack will not come. Not a single well authenticated case have we heard of, out of the hospital—and there has certainly not been one in it. We never saw so few patients in the hospital, and certainly the lack of fever cases—of any kind—is unprecedented. Where are the "*peculiar* meteorological conditions" men now? Here is the finest opportunity in the world for a comparison of summers. How does the present differ from some of the past, in regard to the *peculiar* conditions?"

But our city is perfectly healthy, and that is all we know about it. We trust the human intellect will yet be enabled to tell us why we are healthy, or the contrary. We have no desire to cramp the operations of the mind. Intellectual diarrhea should never be checked, unless it be the sequence of physical prostration, as from over-exertion or old age. No doubt we shall yet discover the cause of yellow fever, but he who does it must begin *de novo*. Nobody is on the right road yet.

BOOKS AND PAMPHLETS RECEIVED.

"TRANSACTIONS OF THE SECOND SESSION OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA—*Convened in Sacramento, February 11th*, 1857."

"CATALOGUE OF HUMAN CRANIA, IN THE COLLECTION OF THE ACADEMY OF NATURAL SCIENCES OF PHILADELHIA; based upon the Third Edition of Dr. Morton's 'Catalogue of Skulls, etc.' By J. AITKEN MEIGS, M. D. Philadelphia: Lippincott & Co."

We are much indebted to Dr. J. A. Meigs, for the copy.

"QUARTERLY SUMMARY OF THE TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA—*From February 4th to June 13th*, 1857, inclusive."

"ANNUAL REPORT OF THE COMMISSIONERS OF EMIGRATION, OF THE STATE OF NEW YORK—*For the Year ending December 31st*, 1856."

To Dr. Cornochan of New York City, we are highly indebted for a copy of this Report. We have been much interested in its perusal, and shall recur to it again.

"REMARKS ON FRACTURES OF THE SCAPULA, WITH CASES PRESENTING STRIKING PECULIARITIES. Read before the Medical Society of the State of Georgia, at their Annual Meeting, in Augusta, April 8th, 1857. By L. A. DUGGAS, M. D., Professor of Surgery in the Medical College of Georgia." From the author.

A valuable contribution to Surgery.

"CATALOGUE OF DRUGS AND MEDICINES, UTENSILS, SURGICAL INSTRUMENTS, ETC. Offered to Physicians. By Bullock & Crenshaw: Philadelphia."

"ANNUAL CIRCULAR OF THE TRUSTEES AND FACULTY OF THE MEDICAL COLLEGE OF THE STATE OF SOUTH CAROLINA, WITH A CATALOGUE OF STUDENTS AND LIST OF GRADUATES—*Sesssion of* 1856, '57."

"AN ADDRESS. Introductory to the Third Course of Lectures in the Atlanta Medical College. By J. BORING, M. D., Professor of Obstetrics, etc."

"ANNOUNCEMENT OF THE PHILADELPHIA COLLEGE OF MEDICINE FOR THE YEAR 1857."

To Dr. J. Marion Sims, of New York City, we are indebted for copies of the following interesting Pamphlets:

"*Memorial to the Honorable, the Legislature of the State of New York, for Founding a State Woman's Hospital.* 1857."

"*Petition of Mrs. Caroline M. Thompson, of Massachusetts, to the Honorable, the Legislature of New York, in Aid of the Woman's Hospital.* 1857."

"*An Act to Found a State Woman's Hospital for the State of New York.* Passed April 18th, 1857."

"*First Anniversary of the Woman's Hospital.* Held at Clinton Hall, Astor House, New York, February 9th, 1856."

FREE DISPENSARY OF THE NEW ORLEANS SCHOOL OF MEDICINE.—We had always believed that a free dispensary for the indigent sick of our city was a real necessity, notwithstanding the existence of the great Charity Hospital. Such an institution would confer the greatest benefits on a large portion of our people, and, at the same time, it would be an invaluable field of observation for the student of medicine. But we had no idea that such unbounded success would so soon attend the very first effort to make so complete an innovation on the established customs of our community.

The total number of patients prescribed for in this institution, from January 20th to July 22d (six months) is 984! The weekly average at the present time is from 90 to 100. Disease in all its forms is to be seen here, and the Southern student who cannot find material in New Orleans now from which to derive a practical knowledge of his profession, must certainly be wilfully blind to the advantages which are showered upon his home.

REPORT OF DEATHS IN THE CITY OF NEW ORLEANS, from the 24th of May to the 19th day of July, 1857:

In our last number we made no mortuary report, consequently, we have now to furnish data for two months.

During the last week in May there were 116 deaths—Men, 28; Women, 10; Boys, 46; Girls, 32—under 5 years, 62. From the 1st to the 28th of June, there were 497 deaths, or an average of 124 a week. Of these, 106 were men; 71, women; 175, boys; and 145, girls—under 5 years, 275.

From the 28th of June to the 5th of July, there were 105 deaths; from the 5th to the 12th July, 94; and from the 12th to the 19th July, 113—total for 3 weeks, 312; or an average of 104 a week. Of these there were, Men, 70; Women, 46; Boys, 97; Girls, 99—under 5 years,

167. Grand total for eight weeks, ending July 19th, 925; or an average of nearly 116.

It will thus be seen that the month of July has been more healthy than the month of June, though the latter furnished little work for the doctors. Reference to the statistics shows that more than one-half the mortality was amongst children under 5 years, and of these deaths, 410 were under 2 years.

During the month of June we find one case of yellow fever reported to the Board of Health, and in the week ending July 19th we find another. There is some doubt hanging over these cases, however, and, judging from the condition of the Charity Hospital—the almost unerring index of the sanitary state of the city—we think we can safely say, that New Orleans is free from yellow fever.

TITLE PAGE TO VOLUME III.—Our apologies are due our patrons for having hitherto neglected to furnish them the title page of VOLUME III. They will find it in the present number.

LIST OF PAYMENTS—*To July 25th*, 1857.—J. B. Cottman, 1855-56, $8; W. H. Mussy, 1856-57, $10; J. W. Thomas, 1857, $5; Humphrey Peake, 1856, $5; Ridgely, 1857, $5; W. T. Kirksey, 1857, $5; F. B. Shuford, 1856, $5; D. T. Todd, 1856-57, $10; T. H. Lefebvre, 1857, $5; C. Langenbecker, 1856-57, $10; L. W. Chamberlain, 1857, $5; J. S. Merriwether, 1857, $5; René Laroche, 1854-55-56-57, $13; G. W. Bottom, 1856, $5; F. B. Coleman, 1856, $5; J. M. McLendon, 1857, on account, $3; W. C. Magown, 1856, $5; T. K. Finlay, 1857, $5; H. D. Baldwin, 1857, $5; P. B. McKelvey, 1857, $5; E. D. Beach, 1857, $5; E. Adler, 1857, $5; J. Labatut, 1857, $5; J. C. P. Wederstrandt, 1857, $5; I. L. Crawcour, 1857, $5; Dupas, 1856, $5; P. A. Lambert, 1857, $5; H. Daret, 1857, $5; A. C. Hensley, 1857, $5; Mather, 1857, $5; J. H. Griffin, on account, 1857, $3; A. M. Walls, 1857, $5; James Jones, 1856-57, $10; A. H. Cenas, 1856-57, $10; B. H. Moss, 1857, $5; Bonzano, 1857, $5; W. Rushton, 1857, $5; David Pugh, 1857, $5; T. E. Massey, 1857, $5; T. M. Corry, 1855-56-57, $13; T. O. Stark, 1857, $5; Byrn, Vance & Co., 1857, $5; Mr. Burnett, 1856-57, $10; R. Bein, 1857, $5; Maas, 1857, $5; W. Kennedy, 1857, $5; Fred. May, 1857, $5; L. N. Shelton, 1857, $5; M. Schuppert. 1857, $5; W. B. Cushing, 1857, $5; C. J. Bickham, 1857, $5; J. Morrison, 1857, $5; H. Curtius, 1857, $5; J. Grosart, 1857, $5; B. D. Chase, 1857, $5; W. D. Anderson, 1856-57, $10; University, Nashville, advertising, 1857, $5.

CHARITY HOSPITAL CASES.

Abscess of the Liver.—Service of C. J. Bickham, M. D., Assistant Surgeon Charity Hospital. Noted by D. S. Hunsaker, Resident Student:

Aaron H. Linder, aged 27 years, native of Illinois, was admitted into Ward 18, Charity Hospital, May 23d. Has enjoyed unusually good health until within the last three months. He had jaundice in 1849; was "sun-struck" in 1851; had yellow fever in this city in the summer of 1856. Had dysentery about one week before he fell sick with the present disease, (hepatitis,) and was cured. He says that the prominent symptoms of the attack of hepatitis were, acute pain, shooting from the liver to the right shoulder, and accelerated respiration; irritative fever—sympathetic nausea and vomiting; hiccough, and dry hacking cough. He attributes his indisposition to having received a blow over the region of the liver, while at work in a foundry at Algiers. He has received various treatment, without any apparent benefit, and was ultimately induced to apply for relief at the Charity Hospital.

May 24. Dr. Bickham examined the patient this morning, and found him in the following condition: General appearance unfavorable; some emaciation; bilious temperament; complains of dull and tensive pain over the liver; abdomen full, and painful on pressure; slight tympanitis; bowels confined; urine scanty and high colored, with frequent disposition to empty the bladder; tongue dry, and coated with a yellowish fur; slight fever; skin dry; short and imperfect respiration, owing to the movement and pressure of the diaphragm against the liver, causing extreme pain; no appetite. Thoracic organs were found to be healthy.

The treatment pursued was essentially antiphlogistic, to prevent the formation of an abscess. Mercury was made use of to induce its specific influence as speedily as possible; saline cathartics were administered to deplete from the portal vessels; the surface over the liver was sponged with nitro-muriatic acid.

June 24. Patient troubled very much with ptyalism, pain over liver, heat and swelling. An abscess is undoubtedly being formed in the right side of the liver. Caustic potash was applied to induce adhesive inflammation between the peritoneum and surface of the liver, in order to prevent the abscess from discharging its contents into the peritoneum. Generous diet.

July 1st. The pain continues, though less acute; hectic fever; heat, redness and augmentation in size of the hepatic region; the surface œdematous; discoloration, pointing, and distinct fluctuation to the finger. Respiration embarrassed, tongue dry, pulse quick. Delay in this case was inadmissible, on account of constitutional disturbance, extreme pain, and the consequences of disturbed respiration. It was evident that an abscess had formed, and, to relieve this state of things, it was resolved to puncture and evacuate the abscess. This was done with a lancet, and yellow, opaque pus was discharged, to the amount of twenty ounces, with great relief to the patient. The discharge of the purulent fluid was promoted for several days by warm poultices, etc.

July 18th. The patient's general condition is much better. The discharge from the abscess has ceased, and the incision is healing by healthy granulations. The pain, heat, redness and swelling have disappeared, and it is most probable that the vomica is being filled up by the process of granulation. Tongue moist, bowels regular, respiration natural, and appetite good. He takes tinct. cinchonæ, infus. serpentariæ, and ferri et potassæ tartras. He will probably leave the Hospital in a few days.*

Gun-shot Wound of Arm—Reported by J. W. Weems.—Heinrich Groff, a laborer, native of Germany, resident of New Orleans four years, aged 33, was admitted into the Charity Hospital, Ward 9, suffering from gun-shot wound, five hours after accident. When admitted, he was evidently in a state of collapse, with cold, clammy skin, quick and feeble pulse, anxious countenance, etc. On examination, it was ascertained that the contents of a shot-gun (bird shot) had penetrated the shoulder, a little above the insertion of the deltoid muscle, passed around, and lodged in the opposite side of the shoulder. The soft tissues were much lacerated, and the bone badly shattered. The brachial artery and important nerves were uninjured. The pulse was perfect at the wrist, and sensation complete in the fore-arm and hand. Stimulants were administered, and after he had re-acted, which he did in a very short time, amputation was proposed, but he positively and obstinately refused to submit to the operation. Consequently cold dressings were ordered. On the following morning, found that he had rested well during the night. General condition now good. Limb much tumefied, and presenting an appearance of commencing gangrene. Injections into the wound, of a strong solution of chloride of soda, were ordered, and patient put upon nourishing diet and stimulants. In the evening, a solution of tannic acid, ʒii to the pint, was injected into the wound, and repeated *pro re nata*. Patient remained in this condition, with gangrene gradually progressing, until the evening of the 6th, when he commenced sinking, and died on the 9th, at 2, P. M.

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*Since the above was written, this patient has taken an unfavorable turn. The discharge of pus from the liver has increased, and he has some diarrhea. The result will be reported in our next.

Penetrating Wound of the Hip, Severing a large branch of the Gluteal Artery—Reported by J. W. Weems.—Pat. Duffy, born in Birmingham, England, aged 18 years, was admitted into the Hospital, Ward 9, July 26th, at 11, P. M. Found him suffering from a stab in the hip, near the joint. Before arriving at the Hospital the patient had lost a large amount of blood; but when admitted, the hemorrhage was slight, and was soon checked by cold applications. A compress was then applied, an opiate was given, and I left him, as I supposed, for the night; but in an hour afterwards hemorrhage recurred. It was now checked by a plug of lint, saturated with perchloride of iron. After this, the patient did well, until the third day, when hemorrhage again recurred, and was again checked by a plug of lint, saturated with perchloride of iron. No further hemorrhage occurred after this; but within forty-eight hours, owing, no doubt, to the irritating applications and probable extravasation of blood into the adjacent tissues, phlegmonous erysipelas ensued and gradually progressed until it involved the whole limb. The plug of lint was now removed, and the wound dressed with warm anodyne flaxseed poultices. The bowels being constipated, a purgative was administered. Violent purging ensued, and had to be checked by appropriate remedies. Within a few hours, however, a diarrhea set in, which for several days threatened to exhaust him. It was finally checked, however, to a great extent, by a mixture of chalk, laudanum and kino, together with anodyne enemata. The patient now began to do a little better, and has continued gradually, but slowly, to improve up to the present time. His bowels continue in a good condition, and the inflammation in the limb is slowly subsiding. He is still, however, very much prostrated. A considerable slough has taken place from the seat of the wound, and an opening, for the discharge of pus, had to be made underneath the thigh. There can be little doubt that the safest plan of treatment in this case, when first seen, would have been ligation of the gluteal artery. A large and deep-seated branch had been cut; styptics and compression were resorted to, and the result was well-nigh fatal.

Gun-shot Wound of Thigh.—Service of Dr. Choppin—Reported by J. W. Weems.—J. R., boatman, native of this country, aged 25 years, was admitted to the Hospital July 12th, suffering from gun-shot wound of the thigh. The ball entered on the outside of the left thigh, about the line of junction of the superior and middle third, and passed out diagonally opposite, barely missing the femoral artery in its course. Cold lotions, saline purgatives, and light diet, were ordered. But slight inflammation and sloughing followed, and on the 23d, he was discharged, nearly well.

Removal of Cancer.—Service of Dr. Choppin. Reported by J. W. Weems.—D. G., aged 52 years, native of New York, cooper by trade, was admitted into the Hospital, June 12th. He was suffering from an epithelial tumor on the right temple, about 2½ to 3 inches in diameter. He first noticed it about 26 years ago. It commenced as a small pimple, which gradually increased in size for sixteen years, when ulceration began; and from that time an alternation of ulceration and cicatrization has gone on, the tumor at the same time gradually increasing. The knife was proposed, as the only means that offered any hope of radical cure; but he declined, and left the house, to put himself in the hands of a notorious quack, who professes to cure malignant diseases without the knife. The quack agreed to undertake the case for the consideration of $100. But here, again, the patient found himself in a quandary; and, after due consideration of the two alternatives—the knife and $1 per diem in the Hospital, or no knife and $100 down—he determined to return to the House Surgeon, and submit to the former. On the 30th June, the tumor was completely removed, the patient being under the influence of chloroform. Of course, the removal of a tumor of such dimensions, left a space which was very difficult to cover with integuments. Indeed, in some parts the edges could not be closely adapted, and a considerable portion of the space has healed by granulation. The patient is nearly ready to leave the house.

Amputation of the Penis.—Service of Dr. Choppin. Reported by J. W. Weems.—M. R., aged 51 years, native of France, gardener, entered the Hospital, July 3d. He was suffering from cancer of the glans penis. He first noticed a hardening of the parts when a boy of eight years; and this condition has gradually progressed, without causing much suffering, until about a year ago, since which time the pain has been so intolerable that he is both willing and anxious to submit to the proposed operation of amputation.

About half the organ was amputated, in the usual manner, and the parts have nearly entirely healed. The end of the stump will have a very good prepuce. There is no indication whatever of the return of the disease.

Diseases of the Eye.—Service of Dr. C. Beard.—E. B. is a German—has hard lenticular cataract, of over a year's standing, in right eye. Iris presents the peculiar tremulous movements, a waving to and fro, when the eye is turned quickly on its axis—a symptom indicative of softening of the vitreous body.

Depression was made with the ordinary couching needle—result good. It was suggested to extract in this case, the cataract being recognized as hard, but couching was preferred, on account of the unhealthy condition of the vitreous humor, which would have rendered the operation with the knife hazardous. This patient had been operated on some months before, but the operation was followed by considerable inflammation, and the opacity had resumed its former position behind the pupil, rendering a second operation requisite.

J. N. has had gonorrhœal ophthalmia, which resulted in destructive inflammation of the left eye, and a partially staphylomatous condition of the right—left eye completely blind—is able to distinguish light with the right. Cornea of right eye conical, partially opaque and vascular, the epithelial layer being thickened, and otherwise altered—pupil supposed to be obliterated, in consequence of a greater part of the iris being adherent to the posterior surface of cornea. The internal and upper portion of the cornea, for the space of a line square, is transparent—striæ of iris visible through it. Artificial pupil was made at this point by detaching the iris from the ciliary ligament, (Iridodyalisis). Some little blood was effused into the eye during the operation, and slight inflammation existed during two days; but this was easily subdued by the usual remedies. The patient is now up in the ward. The new pupil, angular and situated internally, presents a healthy black appearance, and is free from flakes of lymph or other impediments to the passage of light. A very useful degree of vision will in all probability be obtained.

B. D. has central opacity of the cornea of right eye, involving nearly two-thirds of its surface, with some conicity; can see to walk moderately well when the pupil is dilated by belladonna. There is a shrunken state of the globe of the left eye, with complete blindness. Both these conditions are the result of gonorrhœal ophthalmia. He was operated on with a view to the displacement of the pupil. An incision was made at the outer and upper margin of the cornea with a cataract knife, through which a fine iris hook was introduced. The pupillary margin of the iris was then caught, dragged through the incision, and removed with the scissors.

The operation is partly successful. The pupil is now of an oval form, being directed obliquely across the plane of the iris, and it is thought that it will continue to improve as the congestion resulting from the operation subsides.

EXCERPTA.

A Case of Extra-Uterine Pregnancy.—*By H. G. Leigh, M. D. Petersburg, Va.*—That cases of extra-uterine pregnancy are not always fatal, is generally admitted. We occasionally meet with women who conceive, pass through the period of gestation, and at the proper time suffer the pains of birth without the gratification of delivery. After a few weeks or months the abdominal enlargement commences to decrease, and finally subsides into a small tumor, which occupies one of the illiac regions. I have lately met with a case in which these phenomena occurred.

Lizzie Tucker, negro, age 40, married, had three children.

April 30th.—She was taken very suddenly, and while sitting in her chair, with a severe fit of dyspnœa, and expired in a few moments. I had been attending her some weeks previous for hydro-pericardii complicated with intermittent fever. During the time she informed me that four years ago she conceived, went through the regular stages of gestation, and at the proper time was confined. She had regular labor pains, which lasted some two days, but contrary to expectation, nothing was expelled from the uterine cavity. After this she recovered without any untoward symptoms. The enlarged state of her abdomen commenced to decrease, and finally subsided to a small tumor in the left illiac region. This remained till her death. She had her catemenia regularly, but they were scanty. She complained at times of pain in the lumbar region and over the tumor.

Autopsy, made 22 hours after death.—The pericardium was enormously distended with fluid. The parieties of the left ventricle were softened, so that the finger easily penetrated their texture. The spleen was disorganized and so soft that it was with difficulty lifted from its side. The uterus was much increased in size—its walls hypertrophied. The os uteri was double its normal size. The right ovary was diseased, and contained a dark clot. The right Fallopian tube was only hypertrophied. The left ovary was smaller than the right, and adherent to the fimbriated extremities of the Fallopian tube. From their surface a thin membrane extended, uniting and adherent to the great omentum. In the folds of this membrane, which formed a sac, there was contained a hard, bony substance, which on examination proved to be portions of the skeleton of a fully developed fœtus. The bones seemed to be fully developed, and hard. The bones of the head, with the anterior and posterior fontanel, the femur, tibia, fibula, humerus, bones of the fore-arm and those of the foot were all there in a perfect state. These were embodied in a cylindrical mass, near two inches in length, and one in diameter. The mass was not opened. Had it been, we doubtless should have found the remaining bones of the skeleton in the same state.

Authors have generally divided extra-uterine pregnancy into tubal, when contained in the Fallopian tube; ovarian, when attached to the ovary; and "interstitial, when the ovum enters the parieties of the uterus, but is retained in an interspace of the fibres, before it arrives at the uterine cavity." The above case would come under that denominated ovarian. The fœtus was enveloped in a sac extending from the fimbriated extremities of the Fallopian tube and surface of the ovary, and adhering to the great omentum.

It is probable that the fœtus was originally situated in the fimbriated extremities of the Fallopian tube and on the surfaces of the ovary. Thus by its increase and development it became adherent to the great omentum.

In this situation it is possible that it accomplished the regular process of fœtation till it arrived at full maturation. Then, in obedience to the laws that govern the uterine function, the system makes an effort to throw it off, but failing the fœtus dies. The system, not able to throw off this new abnormal product in the usual way, endeavors to be delivered by the double process of absorption and elimination. The history of the case renders this evident. From the developed state of the bones and the period of gestation, she having accomplished the 40 weeks, we can but conclude that the fœtus lived the most of the time. and was possesssed of flesh as well as bone! But after its death, the soft parts and most of its envelop are absorbed and eliminated from the system, while there remains the hard, bony structure, which is more difficult of absorption.

This case is interesting, as it proves not only that extra-uterine pregnancy may take place, but that it may happen without serious injury to the mother.

This woman lived four years after the gestation of this fœtus, without any serious consequences resulting.

The post-mortem was made in the presence of Drs. Claiborne and Fairfax of this place.—*Virginia Medical Journal.*

ON THE PREVENTION OF CONSTIPATION.—*By Professor Phœbus.*—Professor Phœbus, of Giessen, refers habitual constipation to the following causes, which may either act separately or in combination:

1. The too spare employment of articles of diet which promote the action of the bowels. Among these water is to be placed in the first rank. Either from its not being of convenient access, or its quality being bad, this drink is taken by many in insufficient quantity. In sedentary occupations the sensation of thirst is too seldom excited, and the habitual frequency of such sensation may become much diminished if the satisfaction of the call be neglected. To this class of aliments also belong fruits, salads, sour milk, honey and fat. Many country people, who sell all their produce, eat little of these things except salad, and the poorer inhabitants of towns often get them only in insufficient quantity. Those persons who can procure them, usually eat salads and fats in too small quantities; sour milk easily excites diarrhea, fruits may cause flatulence, and honey is not always obtainable good.

2. Too little bodily exercise.

3. Want of exercise of the powers of the large intestine. This is the most influential of all the causes. It is an error to suppose that the power of the will extends only over the sphincter, for it prevails much higher, only it requires considerably more time for its exertion. Several minutes or a quarter of an hour, may be required to initiate the evacuatory movement, and the uninitiated may fail altogether in the attempt. By exerci-

sing it, we increase the disposition of the intestine to act, but, under any circumstances, this is rarely the case in less than five minutes. By paying attention, we may plainly feel the intestinal movement, and convince ourselves that it is independent of the action of the abdominal muscles; for although the action of these give the first impulse to the movement, they contribute little or nothing to its progress.

Numerous are the remedies which have been recommended for constipation; but the action of medicinal substances in so chronic an affection may easily become prejudicial, and especially such as exert a chemical or functional action, such as the salts or drastics. In the great majority of cases no other means are required than those indicated by the above mentioned causes. The commonest of these is the want of exercise of the large intestine. If a stool is desired, the patient must earnestly practice the necessary gymnastic, which consists in alternate movements of the rectum as during actual evacuation, and in rapidly drawing in and then expanding the abdominal muscles. Such movements may be commenced in the chamber and completed in the closet, several minutes, a quarter of an hour, or even more, being required. If evacuation has commenced, but has not proved productive enough, the movements must be continued, the person making a firm resolution not to quit the closet until the aim has been completely attained. The movements are, in fact, the same as those normally employed; but they are more rapid, and continued for a longer time. Kneading and rubbing the abdomen, recommended by some, are also useful, but as a general rule they are quite unnecessary, and may be reserved for those who are not able to follow the above directions, such as children, insensible persons, &c.—*Virginia Medical Journal.*

NATIONAL HOTEL DISEASE.—DR. JAMES WYNNE, of Baltimore, read a paper before the New York Academy of Medicine, on the disease recently occurring at the National Hotel, Washington, of which the following is an abstract:—

The first patient, a lodger in the fourth story of the hotel, was seized with the complaint, during a period of extreme cold in the latter part of January. In the beginning of February, several others were affected in different parts of the house, the attack usually commencing early in the morning, with frothy and profuse stools. Large quantities of flatus were discharged, and vomiting occurred if the diarrhea was checked by the measures employed. There was moderate abdominal pain in these cases, but not sufficient to indicate acute inflammation; the patients generally recovered, though liable to relapses.

During the warm weather, in the middle of February, the disease abated, but with the return of cold in the latter part of this month, it reappeared and continued into March, when the hotel was crowded with visitors to attend the inauguration of Mr. Buchanan. Those who contracted the mysterious complant continued to suffer relapses, whether they remained in Washington, or retired to different and distant localities. In all the symptoms were those of gastro-intestinal irritation.

Suspicion naturally arose at the hotel, during the prevalence of the complaint, that the tea, sugar, or coffee used might contain a poison. A new supply of these articles, as well as of cooking utensils, was therefore obtained, but without any abatement of disease. The food consumed in the house was always of the best quality, and the water tank was found so perfectly closed, that no rat or other animal could enter it. Attention was then directed to the "hygienic condition of the house," and an opening was found in the south-west corner of the cellar, through which a strong current of fetid gas was escaping from the sewer. Both the committee appointed to investigate the causes of the complaint, and the medical gentlemen in attendance at the hotel, concurred in the belief that the evil was due to noxious exhalations from this source.

The question arises, whether it is possible for putrid exhalations to produce a disease like that occurring in Washington?

Sir John Pringle, in his observations on the diseases of the English troops in Flanders, states, that whenever the army was stationed near a marsh foul with animal impurities, the soldiers were seized with bowel irritation, amounting even to dysentery. So, our own troops in Florida and Mexico, who were exposed to putrid exhalations, were especially subject to affections of the primæ viæ. Mr. Granger, who was sent by the Board of Health to investigate the Croydon epidemic of September, 1852, and who attributed the disease to the effluvia from old sewers, remarks: "Besides the attacks of fevers, there was a large amount of diarrhea." In the fevers, diarrhea was also a prominent symptom. But, perhaps, the strongest confirmation of the theory that putrid exhalations may so affect the bowels as to give rise to the most alarming diarrhea and prostration, will be found in the history of a disease which attacked twenty-two boys in a boarding school at Clapham, in August, 1829. An account of these cases has been graphically given in a letter from Dr. Spurgin, the attending physician, to

Dr. Leeson, which has been published in the *Metropolitan Sanitary Report.* The facts are also given in Christison's work on Poisons. "The first child I was called to," says Dr. Spurgin, "was seized with violent abdominal pains on the night of Thursday, the 13th of August, accompanied by great prostration of strength, ending rapidly in death, for he had expired before my arrival at the house, which was about six o'clock on Friday morning. The death was ascribed to severe inflammation of the bowels. You may judge of my surprise on being called to the same house on the following Sunday morning, under precisely similiar circumstances, excepting that the second boy died about two hours after my arrival. To all appearance, he was quite well the preceding evening. About eight o'clock in the morning, another boy was reported sick, in pain and prostrate; then another and another, until, I believe, every boy in the school, with but one exception, was attacked before nine o'clock." * * * "By one o'clock, the state of the children was such that it was thought desirable to send especially for Drs. Latham and Chambers, who arrived about three o'clock, and, after their examination of the children, they gave it as their opinion, that there was but little hope for thirteen of the number; and, indeed, such was the degree of prostration, with an absence of pulsation at the wrist, coldness of extremities, and sinking and pallor of countenance, that no other conclusion could be formed." However, all but the two before mentioned, recovered rapidly. A *post-mortem* examination was made in the fatal cases, and the only morbid appearance noticed was an "irritated condition," here and there, of the intestinal mucous surface.

Dr. Spurgin, investigating the cause of the sickness, "learned that, on the Tuesday preceding, viz., August 11th, an old drain was accidentally discovered by some workmen digging near the house; and as the inmates had often been annoyed by noxious smells, it was at once determined to have the drain emptied, and the contents of it spread over a part of the garden, for the sake of manuring it. In this operation the boys were engaged for that afternoon, in common with the workmen; and though the stench was bad enough, yet none were deterred by it from lending a helping hand. One the ushers of the school was affected on the Sunday for several hours, but not so grievously as were the children. The common workmen escaped the mischief; but the two little boys who fell victims to the noxious exhalation, were observed to be particularly busy in the work of removal."—*New York Journal of Medicine.*

EXTRA-UTERINE GESTATION OUTSIDE THE ABDOMINAL CAVITY. By *Dr. Genth—Verhandl. der Ges. für Geburtsk, Berlin,* 1855.—A woman, aged 34, had borne from infancy an easily movable oval tumor, the size of a hazel-nut, in the left side, under the skin, near the external abdominal ring. After menstruation the tumor reached the size of a walnut; always tender on pressure. Married at twenty-four and immediately pregnant; prolapsus uteri at fourth month without known cause, which, toward the end of pregnancy, had attained the size of a child's head; tumor in side unchanged; labor normal; prolapsus continued, had to be supported by a band. After some years another pregnancy with prolapsus, and no influence on tumor. Third pregnancy resembled preceding, and ended in 1850. Menstruated regularly until February, 1852. Some weeks later tumor enlarged, became painful and inflamed, and continued to grow, although the inflammation was subdued. Sixteen weeks and a half from the cessation of the catamenia the tumor was as big as two fists, and uniformally tense; it had extended under the skin to the labium majus. In the inguinal canal a pedunculated prolongation, the thickness of a little finger. Tumor so distinct from the abdominal cavity that the horizontal ramus of the pubis could be felt between them. Patient now weak, anænic, and forced to keep her bed. An exploratory puncture gave some ounces of water, and then a quantity of arterial blood. Tumor lost nothing of its tension. A longitudinal incision was made; under the outer coverings a tendinous membrane was seen, which, being slit, a capacious round cavity was exposed; in this the finger detected an easily movable fœtus, which lived for a moment after extraction; it was about four or five months old and well formed. Placenta implanted all around the cavity, and the greater part removed by the finger with much loss of blood. Wound was closed and hemorrhage stopped by cold. On the seventh day another bleeding, and then another piece of placenta removed. In three weeks the wound had almost entirely closed. She recovered her strength quickly; and after complete cicatrization, the tumor was felt as before, easily movable under the skin. The woman has had a natural pregnancy since. Dr. Genth thinks that the tumor was formed by the ovary which had escaped from the abdominal cavity, drawing the fallopian tube with it. Passage of the impregnated ovum being some way stopped, the development of the ovum took place in this situation. Dr. Barnes remarks in reference to this case that stethoscopic examination would have recognized the fœtal heart, and suggests that removal of the entire tumor, including the ovary, might have been advisable to guard against the recurrence of this accident.—*British and Foreign Medico-Chirurg. Review*, (*Jan.*)

Best Treatment of Varicose Ulcers and Varicose Veins.—The treatment of varicose veins is a practical every-day subject, inferior to none in interest for the hospital surgeon. Indeed, allied as this affection is, externally, to questions of practical surgery on the one hand, and depending for its causes on relations of the general venous system, and general internal health on the other, a wide field of speculation is afforded as a treatment. In hospital practice, accordingly, as the practitioner may be more of a physiologist and anatomist, or more or less influenced by the ordinary routine of simple surgical treatment, ligature of veins, constitutional treatment, or means of blocking up these vessels, will be trusted to, previous to healing the varicose ulcer. A good deal of danger of ligature of veins is found to originate in the fact that the vein is enlarged; and the ligature, when it should go deeper than the vein, will be found to have wounded or transfixed the vein and caused phlebitis.

Mr. Paget's experience every year assures him more and more of the superior value of the treatment varicose of veins by the caustic issue, or the extemporized mixture of lime and potash. There is no mode of treatment yet discovered, according to Mr. Paget, which is entirely free from risk; but from pretty extensive inquiries in the hospital practice of such surgeons as Sir B. Brodie, Mr. Lawrence, Mr. Skey, various hospital surgeons in the provinces, and in France and Germany, etc., Mr. Paget is inclined to the impression that the treatment of varicose ulcers and varicose veins is most safely and most effectually conducted by means of local applications of caustic issues on the surface, which thicken the coats of the venous trunk.

A very well-marked case of varicose ulcer of the leg, and leg and foot, which incapacitated the poor young man from employment and deprived his family of support, has been for some weeks in St. Bartholomew's, as well as a second case, where the varicose vessels gave way, but has again healed up. The former case is that of A. D——, a young and apparently otherwise active and healthy man, aged 28. He has been all the present month, (September) under treatment for varicose condition of the veins of the lower extremity; his disease consists rather of a very troublesome ulcerated condition of the ankle and foot, which he cannot himself conceive to be dependent upon the state of the veins. The history he gives of the case is not very defined, or is but a recapitulation of a set of abortive attempts to cure his ankle by ointments, lotions, salves, etc., each in its turn recommended to him as the most specific thing in the world for an inward disorder of the constitution, but still only making the disease worse.

The form of caustic used by Mr. Paget consisted of potassa fussa dm ii, quick-lime grii, separately in powders in small phials, and subsequently mixed with a glass or asbestos rod at the bedside, with spirits of wine, when used. A dozen or two of small pieces of common adhesive plaster are next obtained, each the size of a penny, a small circular hole being cut in each, of the size of a pea, or a silver threepence. One of these perforated pieces of plaster is placed over each projection or varicose enlargement of the vein, a very small quantity of the caustic paste is next applied with a bone spatula to the skin over the vein, in the circular hole left in the plaster; ten to twelve or fifteen minutes will be sufficient time for the issue to produce its effect, at the expiration of which period, the whole limb is carefully sponged with warm water, and all the plasters and caustic washed away. Little else was necessary in this case, as in the general class of these cases, the issue merely requiring simple dressing, while the ulcers in the ankle went on healing *pari passu.*

As a local application to the ulcer during the action on the varicose vein of the issue, any simple ointment or black wash is all that is required.—*Association Journal, September,* 1856.

IODINE IN VOMITING IN PREGNANCY.—Dr. J. B. Schmitt some time since recommended the tincture of iodine in the vomiting of pregnant women, when this may be regarded as a neurosis. He gives one case in particular, in which a woman, who had, in consequence of vomiting, had four abortions, and became pregnant with her fifth child. Two drops of the tincture given every two hours completely kept the vomiting under, as long as it was continued, the vomiting only returning when it was suspended. At last, a dose two or three times daily sufficed. Dr. Eulenberg has also met with a remarkable case in a healthy woman, 35 years of age, who had suffered from sickness in every pregnancy, and on this occasion had become much reduced. As she was very susceptible to the action of medicines, he ordered her—tinct. iod. ℈j. sp. vini r. ʒiij, 3 drops to be taken in water every three hours. By the second day all the most distressing vomiting had disappeared, and she was again able to keep water on her stomach, and in a short time she quite recovered. The *modu operandi* of such small doses of the tincture is not very easily explained; but it is to be observed, that the iodide of potassium exerts scarcely any influence. It is highly probable that it only influences the vomiting, inasmuch as this is a neurosis, an abnormal condition of the nerves of the stomach. In proof of this, it is also administered with the greatest advantage to hysterical women suffering from abnormal sensations at the epigastrium as an insupportable feeling of emptiness, or a constant feeling of hunger without appetite. The iodine acts beneficially in the sympathetic nervous irradiations, even when not connected with pregnancy, but which may depend on suckling, etc. The cardialgia and nausea of pregnancy are speedily relieved by it, as well as the vomiting.—*Medical Times and Gazette*, Nov. 22, 1856, from *Berlin Medicin Zeitung.* No. XXV.

INVOLUNTARY PRODUCTION OF THE LACTEAL SECRETION BY ELECTRICITY.—Dr. A. Auber, of Macon, was applying the volta-faradic apparatus of Duchenne on the right breast of a woman who had been delivered seven months, who had not suckled. The object of applying it was to remove an anæsthesia of the skin. After the third application, the patient complained of being *as she was after her milk fever*, and obliged to cover her breasts, *both* of which moistened her dress. On the fifth application, some milk, of which a spoonful was collected, was examined by microscope. It seemed quite similar to that of a woman newly delivered.

Dr. Auber refers to a case in which the lacteal secretion was in like manner produced by M. Becquerel. He anticipates the possibility of thus making any woman fit to suckle.—*B. and F. Medico-Chirurgical Review*, April, 1857, from *l'Union Médicale*, Jan. 20, 1857.

LARGE QUANTITY OF LIQUOR AMNII—*Dropsical Fœtus.*—On the 5th of June, 1857, I was called to a negress, aged 25 years, the mother of three children. The old woman in attendance informed me she had been three days in labor. The pains were slight. The patient had a brown tongue, frequent pulse, and was very restless. On placing my hand on her abdomen, I found it enormously large and very tense, the uterine tumor presenting a perfectly even surface, as of a bladder filled with water. By the touch, I found the os uteri considerably dilated and very dilatable, the membranes protruding and very tense. Believing the feebleness of the pains and delay in the labor were caused by the great quantity of liquor amnii, and by the toughness of the membranes, I with some difficulty cut through them with my finger nail, when a considerable quantity of water escaped. The pains now became strong, and the labor advanced rapidly. The presenting part I could not at first make out; it felt doughy, and completely filled the uterine orifice. I therefore concluded it was the head, though I could feel no sutures. The child was expelled in twenty minutes after the rupture of the membranes, with the vortex behind. An enormous quantity of water followed the fœtal expulsion. It reminded me of the rush of water on hoisting a saw-mill gate. It ran through the bed and over the floor in all directions. I thought the child felt very rigid, and on bringing it to sight, I found it completely anasarcous from head to foot. The distension was so great that I could bend its body and neck but very little. There were several blisters on its arms. The child made a few ineffectual attempts at breathing, and then died. It seemed to die from inability to expand the lungs. A post-mortem examination was not made.

Did the rigidity and shortness of the child's neck produce the rather unusual position of the forehead to the pubis? Did the large quantity of liquor amnii make the fœtus dropsical?

I believe Madame Boivin met with but two such positions in 19,584 vertex presentations.—*Boston Medical and Surgical Journal.*

OUGHT BOTH EYES, WHEN CATARACTOUS AND EQUALLY AFFECTED, TO BE OPERATED ON AT THE SAME TIME?—Mr. MacKenzie, in his valuable work, states that his experience leads him to answer in the affirmative to this question, "if division of the cataract is the operation to be performed; but if we mean to extract, I regard it as better to operate on one only, and watch the result before touching the other. Double extraction decidedly exposes the eyes to greater risk of inflammation. If we operate only on one eye and allow it to recover, we may possibly observe in the course of the operation and recovery some particulars which will be essentially useful to us in conducting the second operation, or will even lead us to select a different and more suitable mode of operating for the second eye. The patient, however, who has recovered from a first operation either well, or indifferently, or ill, is often unwilling to submit to a second. The confinement, abstinence, and depletion, used after a fresh operation, sometimes cause the eye not operated on to fall so much back in the orbit that it is difficult to perform extraction on it."

Dr. John Sloan, House Surgeon to the Leicester Infirmary, has lately offered (British Medical Journal, May 2, 1857) some sensible remarks in relation to this question :

"I attach," he says, "great value to any statement of Mackenzie's regarding ophthalmic surgery ; but I believe, and hope to be able to prove to you, that his opinions concerning the double extraction are erroneous. Every one who has seen many cases of disease of the eyes, must be aware of the great sympathy that exists between them, and I was taught to consider the extraction of both lenses at one sitting a most hazardous proceeding, inasmuch as, if inflammation came on in one eye, the other would most probably become affected by sympathy, and that it was therefore advisable to allow some months to elapse between each operation. Being a firm believer in this doctrine, I was astonished and instructed by the following cases :

"John Wood, aged 59, a frame-work knitter, had a double extraction performed, by Mr. Paget, on the 18th of January, 1856. One eye became violently inflamed and vision in it was lost, but in the other no unfavorable symptom appeared, and on the 4th of March he was discharged, able to read pretty well with the assistance of a proper glass. This case is published in detail at page 256 of the Association Medical Journal, for 1856.

"The next was an aged female inmate of the Leicestershire Lunatic Asylum, who had double cataract, and whose mental aberration was believed by Dr. Shaw and Mr. Buck, to depend in a great measure upon the loss of sight. Mr. Buck, after a consultation with Mr. Paget, and assisted by him and myself, extracted both lenses by the double operation. I do not possess notes of the case, but I learned from Mr. Buck that one eye inflamed, suppurated, and vision in it was lost, but that the other progressed favorably, and she could see with it satisfactorily.

"According to the views I formerly held, vision should have been lost in both eyes in each of these patients. It cannot be doubted that after a single operation inflammation would as readily have arisen, and loss of vision been the result in the eye which did badly, as after the double extraction ; and as the untoward symptoms were confined in each case to one eye, the other not being sympathetically affected, no mischief was caused ; on the contrary, it was fortunate for these patients, at least for the sane one, that the double operation was performed ; because, had one eye been operated on in the orthodox mode, and that one happened to do badly, the man probably would never have consented to a second operation; and at this moment, instead of enjoying the power to read pretty well, he would have been helplessly blind.

"My observations upon these two cases alone did not induce me to renounce my old notions. I learned from Mr. Paget, that his father, whom he succeeded in the office of surgeon to the Infirmary, always performed double extraction; that he himself has always followed the same plan; and their combined experience extends over a period of sixty years. I have been told that his late colleague, Mr. Nedham, did, and I know that his present colleagues, Messrs. Macaulay and Benfield, do, extract cataractous lenses by the double operation. These gentlemen are convinced that the greater risk of inflammation after double extraction is a myth—a plausible hypothesis not founded on facts; and the truth of which I believe has not been previously questioned in this country. In no other hospital in the United Kingdom, as far as I have been able to ascertain, except at the Leicester Infirmary, and at the Birmingham Eye Institution since its foundation in 1823, by Mr. Hodgson, is it the rule to resort to double extraction. I know that it has been adopted occasionally by surgeons elsewhere; and it may be argued that if it had been found to be safe it would have become the usual practice long since. But this argument would be unjust; because, if this plan has not succeeded in patients under the care of other medical men, it must be on account of some difference in the mode of operating or in the after treatment, and it only shows the necessity for them to discover and to remove this difference, and then there can be no reason why they should not obtain results as satisfactory as have been obtained at the Leicester Infirmary. I should state that the late M. Roux always performed double extraction."

"'That we should only operate on one eye and allow it to recover; as we may possibly observe, in the course of the operation and recovery, some particulars which will be essentially useful to us in conducting the second operation, or will even lead us to select a different and more suitable mode of operating for the second eye,' is a reason assigned by Mackenzie for preferring the single operation. Are we not more likely to remember and be prepared to meet any peculiarities or difficulties encountered in operating on the first eye, if we proceed to operate on the second after a few minutes, instead of delaying some months? We are not obliged to extract the lens from the second eye in the double operation, if, after operating on the first, any other procedure be considered preferable; and I cannot see the propriety of watching the progress towards recovery of one before the other is touched, as, according to my observations, these cases do not take an unusually erratic or uncertain course, but the sequence of events in one patient closely resembles that in another, and we cannot be certain that the progress of the second eye will be similar to that of the first; on the contrary, it is more likely to be different, because after some months the patient's general health is likely to be somewhat changed, and the state of the second eye is occasionally altered materially.

"I have now considered all Mackenzie's objections to double extraction. I confess I am unable to assign any reason why he should recommend the double operation for solution, as inflammation is one of the complications to be dreaded, and the wisdom of waiting some months to remember the particulars of the first operation, which will aid us in the second, will apply equally well to division as to extraction. It appears to me that if it be right to perform a double operation for solution, it is equally right to perform double extraction. Double and single extraction being equally free from danger, what are the special advantages of the double operation? The patient is only for half the time confined to his bed and to his room, and stinted in his diet; there is not the same risk of his remaining with imperfect or without vision, because if the first operation succeed well, or even indifferently, he will not unlikely be satisfied with what he has gained, and fearing the risk, refuse to submit to a second; or if extraction on the first eye fail, he would probably refuse to have the second operated on; and we must not forget, as already stated, that 'the confinement, abstinence, and depletion, used after a first operation, sometimes causes the eye not operated on to fall so much back in the orbit, that it is difficult to perform extraction on it.'"—*Am. Jour. of the Med. Sciences.*

POISONING BY COLCHICUM AUTUMNALE.—Three cases of fatal poisoning by colchicum, with post mortem appearances, are published in the *Medizinisches Correspondenz-blatt* for 1855. The first is reported by Dr. Hafner—a child of two and a half years swallowed several unripe capsules of colchicum. He was soon after affected with vomiting and diarrhea. The following day, the abdomen was swollen, and the face livid. He was dead when Dr. Hafner arrived. There had been no narcotism, delirium, or convulsions. At the autopsy, 28 hours after death, there was little evidence of putrefaction, contrary to the observations of Casper in cases of colchicum poisoning. The vessels of the celebral hemispheres and meninges were engorged, those of the cerebellum were healthy. The stomach presented red patches, and numerous sub-mucous sanguineous extravasations.

The second case related by Dr. Michel—a girl of 4 years, snatched a handful of capsules of colchicum from a hay-cart, and eat a quantity of them, estimated at half an ounce. Her mother caused her to drink freely of milk, after which she vomited, throwing off fragments of the capsules and seeds. She had a good night, but the next day, vomiting and diarrhea set in; in the afternoon convulsions supervened, and death took place 24 hours after the ingestion of the poison. The autopsy was made 40 hours post-mortem. There was a greenish discoloration over the abdomen, and other signs of putrefaction. The mucous membrane of the œsophagus was pale; the lining of the entire gastro-intestinal canal was pale, but much softened. Venous engorgement of the encephalon.

In these two cases, the toxic action was not manifested until after a certain interval, and the friends were deluded into a false security. The third case exhibits still more strikingly the insidious action of this poison. It is detailed by Dr. Theurer. A boy of five years was attacked by vomiting. His mother observed seeds in the matters voided, and called Dr. Theurer, who recognized them as colchicum seeds. The child complained only of thirst: no dilatation of pupils, nor pain in stomach, nor acceleration of pulse. An emetic was prescribed. In a short time the vomiting ceased, and the child felt well; mucilaginous drink and emollient enemata were ordered. In the morning, several stools, without colic. The dejections contained colchicum seeds. Vomiting soon recurred, and presently prostration, tremulousness, an anxious countenance; then delirium followed by coma, and death 28 hours after the ingestion of the poison. The autopsy revealed hyperæmia of the duramater and venous senuses, liquidity of the blood, and absence of all traces of gastro-intestinal irritation. The patient had succumbed under the depressing effects of the poison on the nervous system.—*Virginia Med. Journal.*

Hygienic value of Sun-Flowers.—Lieut. M. F. Maury describes, in the Rural New Yorker, an experiment in the cultivation of the sunflower, as a means of preventing intermittent fever. He had noticed that negroes raised this plant about their pig-sties, with the idea of "making it healthy" in the vicinity. He was aware also that belts of trees were supposed to purify the atmosphere of miasmatic localities. Every season, the residents at or near the observatory at Washington have been very subject to fever and ague. Last year, Lieut. Maury had a belt 45 feet broad planted with sun-flowers, which grew finely. Last autumn, none of the people employed on the premises were attacked with "shakes," though the disease was very prevalent in the vicinity. This is said to have been the first season of exemption since the observatory was built. Future observation will determine how far this result was due to the salutary influence of the sun-flowers.

ON THE DISTINCTIONS BETWEEN MIASMATIC AND CONTAGIOUS DISEASES.—*By Dr. Muhry.*—Miasmatic diseases are found (1.) to be dependent upon soil and moisture, temperature and time of year, like vegetation. 2. They often attack and exert their influence suddenly, immediately after their invasion, without any long, regular period of incubation, like a poison. 3. They may also repeatedly and chronically affect the same individual without diminution of their power. 4. They are not regenerated in the human economy.

Contagious diseases (1.) are found to be completely independent of soil; as also, with some exceptions of temperature and time of the year. 2. They always exert their influence during a long regular period of incrementum or incubation. 3. They occur, for the most part, only once in the same individual, or recur only after a long interval. 4. They are regenerated in the animal economy only.

The relations of the contagious diseases to temperature, with respect to their geographical distribution, may be further indicated as follows: 1. The majority, as stated above, are ubiquitous, that is, are independent or temperature, and in our temperate and cold zones are independent of, of only slightly dependent on, periods of the year. These are variola, scarlatina, rubeola, pertussis, mumps, aphthæ, puerperal metritis, roseola, hospital gangrene, malignant pustule, and perhaps, miliaria and pemphigus. 2. Those which are dependent upon temperature, and also upon the periods of the year, may be thus distinguished: (1.) Those which thrive especially in high temperatures and under the tropics, as lepra, frambœsia, dysentry, and aphthæ. 2. Those which especially prevail in a cold temperature and the polar zone, as erysipelas, puerperal metritis, croup and pertussis. 3. Those which especially prevail between the highest and lowest temperatures, between the tropical and polar zones, as the plague and typhus.—*Henle and Pfeufer.*—*Ohio Med. & Surg. Journal.*

Dr. Richardson, Physician to the Royal Infirmary for Diseases of the Chest, lays down the following general rules for the management of consumption, generally applicable in all cases and stages:

1. A supply of pure air is the first indication.
2. Active exercise is an essential element.
3. A uniform climate is an important element.
4. The dress should be adapted to equalize the temperature.
5. The hours of rest should be from sunset to sunrise.
6. In door or sedentary occupation should be suspended; out-door occupation to a certain extent should be substituted.
7. Cleanliness of body is a special point.
8. Marriage of consumptive females for the sake of arresting the course of the disease by pregnancy, is morally wrong, and physically mischievous.
9. The diet of consumptive patients should be ample, and should contain a larger proportion of the respiratory elements of food than is required in health.
10. The medicinal treatment should in the main be of the tonic class.

These rules may have need of slight modifications in different cases, but in the main they are correct, and are of unspeakable importance.—*The Peninsular Journal of Medicine.*

Detection of Prussic Acid.—*By MM. O. Henry and Humbert.*—M. Wurtz, of the French Academy of Medicine, reports favorably (*Bul. de l'Acad.*, Feb. 10, 1857) on the test proposed by MM. Henry and Humbert for cyanhydric acid and its compounds. The analytic process of these chemists is based on the property which iodine possesses, when heated with cyanides or ferrocyanides, of forming iodides of cyanogen, in the form of snow white needles. The reaction does well at a high temperature with bromide and iodide of silver. The only precaution necessary is to avoid an excess of iodine, lest the violet vapor may obscure the result. The resulting iodide of cyanogen is a very stable compound, and the analyst is therefore permitted to apply other corroborative tests, and to preserve the material proof of the presence of cyanogen in the matters examined.—*Virginia Med. Journal.*

General Affection produced by the application of Atropine to the Eye.—Dr. Bethune mentioned the case. On finding that the pupil did not dilate on application of a solution of atropine containing one grain to the drachm, an application of double this strength was made three times successively. In the afternoon the patient was attacked with delirium, there being also uncertainty in his gait, with absence of sleep and difficulty of swallowing. On the day but one after, he had another attack of delirium, somewhat resembling *delirium tremens,* seeing imaginary persons in the room. On the following day he was well.—*Boston Medical and Surgical Journal.*

Poisoning by Coal Gas.—A case of death from the respiration of air contaminated with coal gas, is reported in the Albany newspapers of May 27th. George Lawrence, a boarder at the Fort Orange hotel, Albany, was found dead in his bed; the odor of the apartment plainly indicated the cause of death; on inspection, a leakage was discovered in the gas pipe in the room. So many fatal accidents have occurred since the introduction of coal gas for the purposes of illumination, that the propriety of employing it in sleeping apartments may well be questioned.—*Virginia Medical Journal.*

Purulent Otitis.—M. Trousseau has long been in the habit of treating the purulent otitis which follows scarlatina or measles in the following manner: For some days he throws in an injection of tar water, and then applies, by means of a pencil, some of the following liniment night and morning: White precipitate, bioxide of mercury, aa ½ part, olive oil 4 parts, lard 2 parts. If this does not succeed, he substitutes a solution of sulphate of copper or nitrate of silver, and prescribes besides sulphureous baths, and the extract of bark.—*Ibid.*

Poisoning by Oxalic Acid.—An inquest was lately held, by the noted Dr. Connery, on the body of Ellen Murray, a domestic in the house or Dr. A. B. Mott, of New York. The evidence showed that the deceased had taken an ounce of oxalic acid, mistaking it for sulphate of magnesia, and had died in half an hour after swallowing the poison. No mention is made of any inquiry as to the post-mortem appearances, though this is a subject on which additional light is much needed.—*Ibid.*

NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

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EDITORS MEDICAL NEWS AND HOSPITAL GAZETTE:

According to request I shall endeavor to furnish you from time to time, cases of various injuries and diseases recorded in my Note Book, at different periods within the last fifteen or twenty years. The following is a specimen. Yours truly, E. D. F.

CASES FROM THE NOTE BOOK OF E. D. FENNER, M. D.

Case I.—Rupture of the Heart—Compound Comminuted Fracture of the Femur—Death—Autopsy.

John Lugo, Italian sailor, aged about 30 years, robust and in good health—about midnight on the 27th August, 1843, fell from a window in the fourth story of a house, down upon the pavement below. He was taken up dreadfully mutilated, and carried at once to the Charity Hospital, where he was admitted about two hours after the accident.

The house surgeon, Dr. W., informed me that he examined him immediately after his admission, and found his condition as follows: The Femur was fractured just above the condyles—the end of the upper portion of the bone protruded through the integuments about three inches and rested on the knee—loose pieces of bone could be felt in the lower portion. The man was very much prostrated—pale—bathed in cold sweat—pulse very small, frequent and weak.

The house surgeon succeeded in drawing the exposed end of the bone within the integuments, placed him in as comfortable a position as possible, and ordered brandy and water to be given at intervals. The patient had no particular difficulty of breathing, nor disorder of the head; he gave a minute and satisfactory account of the accident. Dr. W. saw nothing worthy of notice about the case excepting the very bad fracture.

August 28th—In the absence of the Visiting Surgeon to the ward, the case was seen by Dr. P. Considerable reaction had taken place, amounting to smart fever; skin hot, with the exception of the extremities. He was very thirsty, and had vomited from overloading his stomach with water.

Dr. P., regarding the case as hopeless, thought it useless to disturb him. He informed me that he saw nothing worthy of particular notice about his head or chest, nor any symptom which might not be attributed to the *fracture* and *shock* of the system.

The ward nurse informed me that as the day advanced he complained more, and that he pointed to his right shoulder as the most painful part. He became very restless, pulled at the mosquito bar, and acted as one somewhat delirious. Unfortunately, no one about him understood his language. He continued very thirsty, and vomited again in the evening, after drinking some tea. At eight P. M. he was evidently sinking, and died "very easy," as the nurse remarked, about half past four o'clock the same night.

Autopsy—Six and a half hours after death, August 29th.

External Appearance.—Body very white and plump.

The Fractured Limb.—As before stated, the Femur was broken just above the condyles. The condyles were split asunder, and some small pieces of bone were separated. The upper portion of the thigh was greatly swollen and livid up to the groin.

Chest.—Upon raising the sternum, a large quantity of dark fluid blood was discovered in the cavity of the pleura on the right side. There was nothing of the kind on the left. The lungs were not collapsed on either side, but were as well inflated as is common in the dead subject.

On searching for the source of this blood, I discovered *an opening or rupture in the wall of the left auricle of the heart, between the mouths of the pulmonary veins, nearest that of the upper one.* The opening was behind and above the pericardial sac, and did not communicate with that cavity. It was large enough to admit the little finger easily, and opened directly into the right pleural cavity. It looked as if it had been lacerated or burst. The effused blood must have issued from this orifice. The quantity of blood effused was about *eighteen ounces.* I measured seventeen ounces, and there was some that could not readily be got out. Several physicians in the dead house were called to witness the curious phenomenon. The heart in other respects seemed to be healthy, and the lungs were perfectly sound.

I now proceeded to examine the abdominal viscera, chiefly with the view to seeing their appearance when free from disease, as the subject had been so suddenly snatched from a state of perfect health. The stomach contained about six ounces of yellow bilious matter—its mucous membrane was of a pale lead color, some portion of it stained yellow, and a small part of the lesser curvature was red, but not morbidly thick or soft.

The Liver was of the normal color, with the exception of some yellow blotches on the surface of the large lobe. Its substance was quite friable. Gall-bladder large, and contained about four ounces of yellowish green bile. The ductus communis was unobstructed. Bile was visible in the small ducts in the substance of the liver.

The Spleen and Kidneys were normal.

The Bladder contained a small quantity of urine.

The Brain was not examined.

Remarks.—This was certainly a curious and extraordinary case, the patient surviving the fall *upwards of twenty-eight hours.* The question arises—When did the rupture of the auricle take place? Did it occur at the moment of the violent shock; or did this merely weaken the wall of the auricle so that it gave way subsequently? I am disposed to think the first was the case, but of course, it must be left to conjecture.

It will be recollected that the blood in the pleural cavity was *fluid*, and so it remained when we had completed the examination, which occupied at least half an hour if not considerably more. Yet there was a large coagulum in the wounded auricle, as also some in the other cavities of the heart. We drew long fibrinous coagula from the mouths of the pulmonary arteries. I regret that the heart was not preserved, and also that we did not examine the brain. It is very singular that there were no symptoms of concussion or compression after such a tremendous shock.

There are to be found in the books some cases of penetrating wounds of the heart, in which the patient survived the injury from a few hours up to several days. See *Hennen's Military Surgery; Baron Larrey; Roche & Sanson*, and others.

New Orleans, August 30th, 1843.

CHARITY HOSPITAL REPORTS.

Menorrhagia—Extraordinary Case—Singular Mode of Recovery.—Service of Dr. D. W. Brickell. May 22d, 1857, Mary S. entered Ward 35, Charity Hospital, after the regular morning visit. Patient is native of Germany, æt. 38 years—in America 16 years; is rather a short, but well built woman; does general house-work; has never been seriously sick until within the past five months. Seventeen years ago she was first married, lived with her husband 10 years, became pregnant one month after marriage, carried fœtus five months and aborted, and has never been pregnant since. She married a second time, 18 months after the death of her first husband, and the second husband is still alive. Five months ago she was working hard at the wash-tub, and was a good deal exposed to very cold and inclement weather; her catamenia appeared at the regular time, but were attended with more pain than usual, and came in greater quantity than she had been accustomed to. From that day to this (May 23) she has been the subject of constant menorrhagia, with the single exception of one interval of fourteen days within the past six weeks. The flow of blood has been constant, night and day, and at times profuse; coagula have been formed and thrown off in profusion, but she has never suffered much pain in the uterine region. Uterine contractions have never been immoderate, and never occurred except to expel coagula.

Condition on 23d May.—Exceedingly pale, very feeble, but rather cheerful. No fever, yet with a pulse indicative of irritability. The functions of the various organs seemed unimpaired; no constipation nor torpor of liver, etc. There being no really urgent symptoms, it was determined to let her lie quietly for twenty-four hours, and watch her symptoms. No vaginal exploration was made, as things were not prepared for the same. External pressure, etc., elicited moderate pain in the pubic region.

May 24th.—Patient in *statu quo.* Hemorrhage continues in spite of horizontal position, but no other disagreeable symptom has manifested itself. Examination now by means of a speculum revealed a perfectly healthy vagina, os and cervix uteri, as far as the latter could be penetrated. The os was not even patulous. The vagina contained about a gill of old coagula, and as soon as the os uteri was exposed to view, several coagula were actively squeezed from it, and then followed a free and continuous stream of pure blood, which coagulated firmly as soon as it fell into the speculum. The introduction of Simpson's Sound into the uterus was now attempted, but, notwithstanding it was faithfully and most carefully tried, the instrument could not be insinuated further than a quarter of an inch. The cervix seemed firmly contracted, and wholly indisposed to yield.

Examination by the touch (per vaginam) discovered the uterus to be considerably heavier than natural, though pressure against the organ produced no pain. It was determined to put the patient on the use of general remedies. Suffice it to say, that from this time until the 8th of June, she went through the ordinary routine of acetate of lead, ergot, etc., etc., but without the slightest benefit. In fact, at this latter date (June 8th) she is a great deal worse. She has continued to bleed, until really her condition is alarming. She is very feeble indeed; her legs are beginning to be puffy, and she appears to be perfectly blanched; there appears to be no red blood in her. Repeated attempts have been made to introduce sounds and bougies into the womb, but never for one moment has the cervix relaxed its spasmodic hold. It seems strange to see coagula leaping, as it were, from the os into the speculum, and yet, when the sound is passed into the os, it is found impossible to urge it through the cervix. The woman's life seems now seriously threatened, and yet all efforts to check the hemorrhage are unavailing.

On the 11th of June, the patient seeming to be almost in desperate condition, it was resolved to try once more the introduction of a sponge tent into the cervix. The same spasmodic contraction was found, but it was now determined to test the virtues of a solution of atropine to the parts. Through the speculum the solution was poured *ad libitum,* and held in its proper place. In twenty minutes a sponge tent was partially introduced and allowed to remain. It should be mentioned here, also, that now the introduction and expansion of the speculum gave considerable pain, and, although the os and cervix looked healthy, examination by the rectum discovered considerable and irregular enlargement of the body of the uterus, with pain on pressure.

After the partial introduction of the tent, she was ordered pretty full doses of Dover's Powders, with beef tea, etc.

June 12th.—Patient more comfortable; no bleeding, no inconvenience from the tent. The speculum was reapplied and the tent withdrawn. A little blood followed after it, but no coagula. Another tent was applied, the Dover's Powder repeated, and the patient ordered to be quiet.

June 15th.—By every day repeating the tents, at the same time enlarging them at each application, the whole cervix has been completely dilated, so that the thumb might readily be introduced into the uterus. Strange to say, the patient has improved steadily from the time of the partial introduction of the first one, and now looks and feels better than she has done since she came into the ward. *All hemorrhage has ceased,* her appetite is returning, and she is cheerful.

Monday, August 10.—Since the 15th of June the patient has had but one slight attack of hemorrhage (20th June), and has improved steadily, until now she is discharged apparently perfectly well. She has taken no medicine, and was only required for several weeks to maintain the horizontal position and eat nourishing food.

What was the cause of hemorrhage in this case? Had the dilatation of the cervix any agency in checking the hemorrhage? If so, in what way is it to be explained?

Gun-Shot Wound.—Service of Dr. Choppin. Reported by J. W. Weems. Edward Forrester, aged 28 years, Irishman by birth, laborer, entered the Charity Hospital, ward 7, July 24th, with a gun shot wound, the ball having penetrated, between the eighth and ninth ribs, the left epigastric region, about three inches and a half from the medium line, apparently wounding the diaphragm and stomach. Patient, when admitted, was in an extreme state of collapse, with nausea and vomiting, cold and clammy skin, anxious countenance, and frequent pulse. The respiration was also labored and increased to 40 in a minute. The respiratory murmur at the base of the left lung was quite feeble; that of the right lung slightly supplementary. Judging from the patient's condition and the seat of the wound, it was thought that the termination of the case would be fatal in a few hours. Free stimulation was ordered, as the only hope. Returning about three hours afterwards, I found that patient had reacted; he had a full, bounding, tense pulse, and a hot and dry skin.

Small and frequently repeated doses of calomel and opium were ordered, also three drops of Fleming's tincture of aconite every hour. Lumps of ice. No diet.

In the morning, I found that the condition of the patient was the same, with the exception of the breathing, which was more difficult. Treatment was continued. On the third day, the condition of the patient appeared to be somewhat better; the respiration was freer and less frequent, the skin more moist, pulse softer and less frequent, and the tongue not so much coated nor so dry. The specific effect of the mercury having been obtained, it was discontinued. Aconite continued, together with iced lemonades; no diet. Ordered a large enema, to open the bowels. The symptoms of peritonitus were very slight, the tenderness on pressure being caused by muscular soreness rather than by any affection of the serous membrane. The patient now began to improve rapidly, and on the 11th of August he was able to walk about. On the same evening, however, inflammation of the pleura of the left side set in, but it was promptly controlled by appropriate remedies. After recovery from the pleurisy, being very much debilitated, tonic drinks, wine and nourishing diet were given to him, under which treatment he rapidly regained his strength, and left the Hospital August 18th, perfectly restored.

Incised Wounds.—Service of Dr. Choppin. Reported by J. W. Weems. D. F., aged 24 years, American by birth, entered the Charity Hospital August 18th, at 10 P. M., having received two incised wounds, each about eight inches in length, in the gluteal region. The depth of the wound averaged three-quarters of an inch. No important vessels were injured, consequently there was but slight hemorrhage. The edges of the wound were nicely adapted by means of adhesive straps and ligatures, and cold applications and an opiate were ordered. In the morning I found that the patient had rested well during the night, and there was little or no inflammation. One ounce of sulphate of magnesia was ordered, to open his bowels, also iced lenonade, and no diet.

August 24th.—I removed the dressings and found that the whole length of both wounds had healed by the first intention. Patient will be discharged in a few days.

The foregoing case proves conclusively how easily union by the first intention can be obtained in a healthy subject, where the tissues are not contused or lacerated, by carefully adjusting the edges of the wound with adhesive straps.

Penetrating Wound of the Abdomen.—Service of Dr. Choppin. Reported by J. W. Weems. Wm. Carman, native of Boston, sailor, aged 25 years, was admitted into ward 7, Charity Hospital, August 2d, at 11 P. M., suffering from a penetrating wound of the abdomen, an inch above the umbilicus. A large portion of the omentum was protruding, and, as the wound was too small to admit of its reduction without enlargement, a ligature was applied. The portion of the omentum above the ligature was then cut off, and the balance returned into the abdominal cavity. The edges of the wound were then brought together by adhesive straps, and a compress applied. An opiate was administered, and the patient was left for the night. In the morning the patient exhibited some symptoms of peritonitis, consequently alterative doses of mercury, combined with opium, were ordered to be continued until the specific effect of the medicine was obtained. Warm anodyne flax-seed poultices were applied to the abdomen, and light diet and cooling drinks were given. The symptoms of peritonitis were slight, and were entirely subsided after the expiration of three days. The patient continued to do well, and on the sixth day it was thought advisable to remove the dressings. This was done, and, to my astonishment, I found a portion of the omentum about three inches in length, protruding. Adhesion had taken place between the omentum and the sides of the wound; consequently a fresh ligature was applied until strangulation was produced, and the protruding portion of the omentum was allowed to slough off, which it did in two days, leaving a surface covered with active granulations, which are being treated with cauterization and adhesive straps. The patient will be able to leave the hospital in a few days.

Traumatic Tetanus—Recovery.—Service of Dr. Choppin. Reported by J. W. Weems. Hinton Fitzpatrick, born in New Orleans, aged 12 years, was admitted into ward 7, Charity Hospital, with a lacerated wound of the foot, the result of a railroad accident. The soft tissues were badly contused, and the two last phalanges of the little toe completely crushed. No other bones were broken. The edges of the wound were as nicely adapted as possible with ligatures, with the almost vain hope of promoting union by the first intention, and cold applications and light diet ordered. On the second day, however, the wound presented a gangrenous appearance. The ligatures were accordingly removed, and chloride of soda poultices were applied. The gangrene did not progress beyond the seat of injury; the dead tissues sloughed in due course of time, leaving a surface which was soon covered with healthy granulations. In the meantime the patient's general condition had been good. From this time he continued doing well, "the wound healing rapidly by granulation," until July 7, when he began to complain of a stiffness in the neck, with pains and difficulty of deglutition and mastication. The corners of his mouth and eyes were distorted by spasm of the facial muscles, giving the countenance a peculiar expression. It being clear that tetanus was setting in, the patient was ordered to be kept perfectly quiet and excluded from light, and the following prescription was given:

℞ Aceti opii ʒi;
Aq. camph. ℥iv; ♏.

Tablespoonful every two hours, until composed.

In the morning, it was found that the patient had not rested well. The muscles of the jaw, face and neck were more rigid, and the muscles of back and breast were beginning to be affected. Ordered one tablespoonful of paregoric every two hours, until composed; also, Fleming's Tincture of aconite, to be rubbed over seat of pain. Perfect quietude was enjoined, and no other diet than nourishing liquids. The treatment seemed to modify the disease to a great extent, soothing the pain and relieving the spasms. The intellect was undisturbed; pulse and skin natural, but he complained of great thirst. He remained in this condition until the 12th, at 2 P. M., when, on visiting him, I found that he was suffering from a violent spasm, the muscles of the back and legs being so violently affected as to present a case of complete opisthotonos. The muscles of the abdomen were also hard and rigid. The jaws were firmly clenched, and respiration was difficult. The treatment was renewed, and in the morning the patient was much better, the spasms being neither so violent nor frequent. The patient continued in this condition until the 17th, when he was seized with spasms more violent than any that had yet occurred. The treatment was renewed, with the exception that the intervals of giving the opiate was shortened from two to one hour. On the 19th, he was again much better, and continued gradually but slowly to improve until the 30th, when he went out completely recovered. In addition to the treatment mentioned, the general condition of the patient was attended to: bowels kept open by laxative enemata; thirst alleviated by cooling drinks, etc.

Idiopathic Ulceration and Perforation of the Urinary Bladder.—Service of Dr. T. Peniston. Reported by D. S. Hunsaker. Thos. Ryan, aged 22 years, a strong, robust Irishman, was admitted into ward 12, on the 11th July. He says that his health has always been good. He was taken sick suddenly last night, at 12 o'clock, with violent pain in the hypogastric region, which extended through the perineum to the lumbar region. Had never received any injury, nor had he been drinking liquors; could give no cause; never had any difficulty of micturition, or any symptoms of stricture, etc. Had, when he entered, fever, corded pulse, dry skin, and furred tongue; pain in abdomen. Morphia, bicarbonate of soda and mint water were administered, with anodyne poultices to abdomen. The next day, a catheter was introduced into the bladder, and it drew off about three or four ounces of *pure blood.* The patient complained bitterly of pain in the region of the bladder; had incessant vomiting, swelled abdomen, and all the symptoms of violent peritonitis. The catheter was introduced on several occasions, and blood and urine were drawn off. His symptoms increased in intensity. He vomited frequently, and labored under violent orthopnœa, and sank on the fifth day.

Post-mortem examination was performed in the presence of about fifteen medical gentlemen, on the 15th of July. The abdomen was opened and found to contain about two gallons of bloody urine. The peritoneum was much inflamed. The kidneys and liver were healthy. On examining the urinary bladder, the organ was found to be much contracted, the mucus membrane thickened, and at the fundus was a perforated ulcer three-fourths of an inch in diameter, which communicated with the peritoneal cavity, allowing the escape of blood and urine into this cavity, and causing fatal peritonitis.

The morbid specimen being one of interest, was presented to the Museum of the New Orleans School of Medicine, by Mr. A. G. Lane.

Woman with Four Mammæ.—Service of Dr. Brickell. Reported by Jas. E. Keator. Margaret Talway, native of Indiana; has lived in Louisiana about four months; lived in Mississippi eight years; aged about 40 years. Was married at fifteen. Had her first child about fourteen months thereafter. Has had seven children. She has four nipples, the two extras being situated about two inches immediately below the normal one of each side. She has been accustomed to suckle from three of these nipples. All of them furnished milk equally well, but the extra one of the right side was always too small. The nipples seem to spring from extra mammary glands. She is now in the advanced stage of consumption.

Acute Jaundice.—Service of Dr. T. Peniston. Reported by J. E. Keator. William Kendrick, born in Ireland; in United States twelve years—in New Orleans six. Does not know whether he has had yellow fever or not. Was sick in the city in August, 1854—sick about three weeks. Laboring in and out of doors. Present attack commenced Tuesday, June 16th; taken, about twelve o'clock in the day, with high fever, pain in head, back, legs and arms; eyes became swollen; vomiting commenced late in the evening. No operation from bowels until after admission into hospital. Pain in his bones increasing during the night; frequent vomiting during first night; pains and vomiting continued during Wednesday; high fever all the day; no sleep; some wandering of mind. Thursday, pains still continuing—rather increasing; still vomiting; very little sleep; Friday, no better; fever high; some perspiration. Saturday, much more feeble; pains in back worse; also much pain in abdomen. Passed a sleepless night; delirious; vomiting continuing. Sunday, came to hospital. High fever; eyes much injected and yellow; bowels were opened by oil; two small passages; occasional emesis; no sleep; pain in head somewhat abated, but eyes very yellow and much injected; retention of urine. Monday, very little fever; rested some; pains in head, limbs and back much abated. Slept quite well on Monday night; skin a good deal jaundiced, also eyes; some appetite; emesis after eating. Tuesday, almost free from fever; rested quite well; skin becoming more jaundiced; also eyes; urine still retained; bowels torpid. Wednesday, free from pain; no vomiting; appetite increasing; slept well. Thursday, still mending, but eyes and skin very much jaundiced. Friday, the same in appearance of skin and eyes, but gaining strength; vomiting ceased; bowels were opened by oil. Saturday, the same; began to pass water without the instrument. Sunday, tinge of eyes and skin slightly diminished; rest good; appetite improving; medicines discontinued entirely. Monday, Tuesday and Wednesday, no material change except the disappearance of the yellow tinge.

Acute Jaundice.—Service of Dr. T. Peniston. Reported by J. E. Keator. James Wilson, aged 23 years, native of New York, has been in New Orleans four months. Laborer on the levee, in which situation he was much exposed to the sun. Had been indulging pretty freely in spirits for two and a half days previous to the present attack of sickness. Illness commenced on Thursday, June 4th, about 1 P. M. He was seized with violent vomiting, which continued during the remainder of that day, at short intervals, especially when anything was taken into the stomach. Great prostration came on towards evening, and the night was passed without sleep, while the vomiting continued. Friday morning, found the patient no better. Towards the evening of this day he was rather worse, while the vomiting and sickness of the stomach still continued. At this time, the patient was so prostrated as to be almost helpless, and this, like the former night, was sleepless. On Saturday, he took a dose of oil, but it was instantly rejected, thus producing no action on the bowels. Violent pains commenced in his back and arms about 1 P. M., on Saturday, and gradually extended over the whole system; that night he was much worse, got no sleep, and vomiting still continued. Sunday morning came without relief to the sufferer. He had had no operation from his bowels since the commencement of the attack, and was still annoyed with frequent attempts at vomiting. About 11 A. M., he was brought to the hospital, suffering, as before, with excruciating pains in his back and limbs, and frequent retching, and almost entirely helpless. He was first seen by the Assistant House Surgeon about 1 P. M., on Sunday. Prescription:

℞ Ol. ricini, ℥i;
Ol. pip. menth, gtt. ii, ♏.

Give at once; also, hot mustard foot-bath, and iced lemonade.

The vomiting ceased soon after the action of the medicine. Slept a little Sunday night; was seen by the visiting physician on Monday morning, who prescribed blister to the epigastrium—

℞ Morph. sulph. gr. ii;
Sodæ bi-carb. ʒi;
Aq. Lauri Cerasi, ℥i;
Aq. Distil. ℥viii, ♏.

A tablespoonful every three hours. Ice water q. s. Chicken broth.

On Monday the vomiting had ceased, but the pains in the back and limbs were but little diminished. Thirst intense. Slight vomiting returned again in the evening. Slept about three hours. On Tuesday, the 9th, the pains had abated; but now the eyes were considerably injected, and the skin presented a marked yellow tinge, with great thirst still existing, but no appetite. There was also some soreness in the region of the liver, which was slightly enlarged. Treatment—

℞ Mass hydrarg, grs. xx;
Pulv. Rhei., grs. xx;
Divid. in pil No. x. ℳ.

Take one every three hours. Ice water, q. s.

Wednesday, 10th. The pain in back, etc., diminishing. Still great prostration. Yellow color much increased and extending entirely over the patient. No thirst. Parts beneath the cuticle, when removed by blister, appearing yellow. Patient quiet. Same medicine continued. Still no appetite, but great thirst. Thursday, patient easy; yellow color deep and marked; thirst diminishing; appetite improving. Morphia, etc., continued. Friday, patient still very weak; skin same color; but he is suffering no pain. Medicine continued; diet increased. Saturday, color same, tongue clean, thirst abated, appetite improved, sleep good and refreshing; medicine discontinued; diet same. Sunday, color much the same; still very weak; completely free from pain; rest good; appetite increasing; bowels regular. Patient decidedly convalescing. The patient continued to improve, and was discharged about six days afterwards.

[The two foregoing cases of jaundice are reported as being the nearest approach to yellow fever seen in the hospital this season. They were seen by many who are familiar with yellow fever as it occurs here, and were at once pronounced *not* yellow fever.—Eds.]

Pneumonia.—Service of Dr. Fenner. Reported by D. S. Hunsaker. Michael Clark, aged 22 years, native of Ireland, laborer; entered ward 17, Charity Hospital, July 29th, at 8 o'clock, A. M. He says that his general health has been very good; never was sick in his life, except that he had yellow fever in this city in 1852. Has been living in this city and the surrounding country for the last eleven years. The history of the present attack he gives as follows: While engaged as fireman on board of a steamboat, and having had a great deal of work to perform, he had a man to take his place before the boilers, and went into the wheel-house, while in a profuse perspiration, and took a bath. The following day he was taken with a severe stabbing pain in the infra-axillary region of the left side—had chilly sensations, followed by fever, which lasted, together with the pain for six days; had a slight cough, with some expectoration. At 9½ o'clock, A. M., Dr. F. visited the ward, and found the patient with the following symptoms: Peurile respiration in right lung—respiration in left lung good from the apex down to the fourth rib anteriorly; thence, downwards, throughout the infra-axillary region, and around to the posterior portion of the lungs on the same level, gradually going into complete bronchial breathing, with broncophony, and from dullness to complete flatness on percussion. Respiration 26 to the minute; pulse soft and full, though rather frequent; tongue very dry, and coated in the centre; skin dry and warm; brick-dust sputa, with occasional streaks of blood and some clear mucus, and not very tenacious; no pain, but suffers from a sense of suffocation; no appetite; bowels rather loose.

Ordered one grain of calomel and two grains of ipecac every four hours. Infusion of flaxseed to drink.

30th.—Patient rested pretty well last night—not much difference in his condition. Has taken all his medicine. Has had six evacuations from the bowels in last 24 hours. Ordered two grains of acetate of lead and ½ grain of opium every three hours. Also, five grains of carbonate of ammonia in mucilage every three hours. Also, blister six inches square over seat of disease. Milk punch and chicken broth.

31st.—Passed a bad night, owing to the difficulty of breathing, and loose condition of bowels. Blister has drawn well. Physical signs pretty much the same, but expectoration more profuse. Frequent cough. No pain; countenance distressed. Continue medicines.

Aug. 1st.—Slightly ptyalized—bronchial respiration is yielding, and crepitant rale returning. Breathing not so labored. Carbonate of Ammonia and milk punch continued, and 2½ grains of iodide of potassium, in water, ordered every three hours.

2d.—Passed a good night. All the diseased portion of the lung returning towards a state of health. Respiration easy, pulse 84, expectoration not so profuse. Troubled with ptyalism, and by the sore blistered surface. Medicines continued.

5th.—Continued to improve until to-day, when, from exposure, he has a little relapse.

14th.—Lung nearly entirely restored. Patient sitting up reading. No cough, expectoration or difficulty of breathing.

Delirium Tremens.—Service of Dr. Fenner. Reported by D. S. Hunsaker. James Lynch, native of Ireland, aged 52 years, has been in the United States 28 years—in this city 16 years; occupation gardener; was admitted into ward 16, Charity Hospital, July 26. Has never had any sickness, except an attack of mania à potu, last year. When admitted into the Hospital, he had subsultus tendinum of the upper extremities, pale tongue, and torpor of the bowels. Had been drinking spirituous liquors for eight days. Had not eaten anything for two days. Had been vomiting blood the day before his entry; was very restless, and had no inclination to sleep. It was seen at a glance that he had been indulging in too copious libations of stimulating liquors, and was worn out from want of sleep and food.

℞ Extracti opii, grs. iv;
Divid. in pil 2.

Take at bed-time. To remain in bed and keep quiet.

July 27th. Patient still restless, though he slept a little last night. Dr. Fenner saw the patient this morning, and ordered—

℞ Enema colcynthidis.

To be given immediately, to open the bowels. Stomach was irritable, ordered—

℞ Sodæ bicarbonatis ʒi;
Morphia sulphatis gr. iv;
Aquæ menthæ pipervitæ ℥iv.
Ft. mist.

Tablespoonful every three hours. Sinapisms to epigastrium.

Night. The patient's bowels were open three times to-day. Being very restless, ordered him ℥ss syrup of morphia, to take to-night.

August 1st. Patient this morning is delirious and imagines the presence of monkeys, devils and thieves. At 9 o'clock he was furious. Chloroform was now administered, by inhalation, but we could not get him under its influence. Twelve grains of calomel and one of opium were given, and two drachms each of chloroform, Hoffman's anodyne and tinct. of valerian—one-half to be taken immediately, and the other at night, in sweetened water. I was also told to endeavor to put him under the influence of chloroform, by inhalation, if this medicine did not have the desired effect.

At 10 o'clock, I administered, by inhalation, equal parts of chloroform and alcohol, and he went to sleep and remained quiet till night, when I gave him opium, grs. iiss. He slept a little during the night, though at times he would rave.

August 2d. Gave him a teaspoonful every two hours of a mixture of three drachms of chloroform, and two drachms each of Hoffman's anodyne and tinct. of valerian.

August 4th. Patient sitting up; feels better, though very weak; has some appetite. Ordered porter and nourishing diet. August 14th, left the hospital.

SPECIAL SELECTIONS.

[The following article on Pneumonia, as it appears amongst us, at the South, must prove acceptable to all our readers. Practitioners of Medicine here are beginning to be aroused to the truth of the proposition, that we *have* peculiarities of disease in our climate, and that the therapeutics of the North, or of transatlantic regions, cannot be considered as applicable to the same; and if we could only induce our brethren to follow the bright example of Dr. Manson, and record faithfully their observations, the most skeptical would soon be forced to yield acquiescence to the doctrine of educating southern physicians at home.—EDS.]

REPORT OF OTIS FREDERICK MANSON, M. D., ON MALARIAL PNEUMONIA.

"O quantum difficile est curare morbus pulmonum!
O quanto difficilius eosdem cognoscere!" BAGLIVI.

Like an intruder into the precincts of some sacred temple, I approach the grand theme, pneumonia, enshrined as it is by Talent and consecrated by Genius, with mingled emotions of distrust, humility and awe. Whilst viewing the prolific productions of contemporaneous writers alone, it would seem that only a scanty gleaming could be made from the apparently exhausted field; but when in addition to these, we contemplate the vast labors and researches bequeathed by the mighty dead, the offspring of the greatest minds which have adorned our annals, it seems like a presumptuous daring to venture on the hallowed ground, and a voice as in warning seems to whisper the adjuration of the Poet--

> "Heroes have trod this spot, 'tis on their dust ye tread!"

Yet, if considerations like these had ever usurped a controlling power, Science would surely have been the loser. As the lowly miner may pluck from its secret hiding place a gem worthy to deck an imperial diadem, so the humblest searcher into nature's mysteries may often elicit truths which have escaped the vigilance of his more gifted compeers.

In sketching this disease, however, it is neither my aim nor expectation to produce anything striking or original. It is my design to place upon record a simple description of its most conspicuous features as they are presented, as far as I am capable of observing and describing correctly, with my views of its nature, together with that plan of treatment most successful in its results. It is hoped that these efforts will not be entirely unattended with benefit however slight, for after all the thought and toil expended, the disease still often marches onward, bearing innumerable victims in its progress. In defiance of the inventions of the Materia Medica and pathological developments; despite the tactile test of Evenbrugger, or the glorious discoveries of Lænnec, by which science, like the Peri, before the "half-opened portal" of Paradise, listening—

> * * * * "To the springs
> Of life within like music flowing,"

is enabled to detect disease in their discord, we have still too often with Baglivi, to lament the imperfection of the principles of diagnosis and the inefficiency of the therapeutic art.

It cannot be doubted but that great confusion exists at present in regard to the various forms of pneumonia. It perhaps has occurred to every experienced physician, to have seen them all included in the same category, and treated in the same manner; errors to be deeply deplored, attended as they often are by the most disastrous consequences. Inflammation of the lungs, like inflammation of any other structure, may be altogether different in its nature, complications and terminations; and though technically included under the same term, its various forms require as totally opposite modes of management as the most dissimilar disease of organs the most remote in situation and unlike in function. One practitioner, with an eye solely fixed on the lung affection, resorts to the active antiphlogistics of sanguineous depletion and antimony, whilst another, warned by the results of such means, adopts the expectant or stimulant plan; whilst a third, led on by that spirit of generalization which has been the bane of our science, appeals to Cinchona in all cases, and under all circumstances.

Who is to blame? Assuredly we of the South! Studying the works almost solely of British and continental writers, which, however perfect in all points for those regions, are sadly deficient for us, we force the form of our diseases to bend their descriptions, and blindly follow a treatment intended for varieties of disease we never witnessed. Consummate and fatal folly! Yet, year passes year only to note its repetition, whilst we, reclining in inglorious ease or censurable indifference, view the perpetuation of the error, knowing too that hundreds are yearly added to our ranks who will have to pass through the same trials and difficulties, and experience the same disasters we encountered, before they will be enabled to diagnose correctly, or treat successfully any diseases, save those common to all countries, without a warning, a sign or explanation from us to guide the neophyte through the labyrinth before him. Oh! awake, my friends! here is an open, unexplored path to usefulness and fame, an object to excite ambition, commendable in its pursuit, and glorious in its attainments; the secret of whose possession is comprised in three words—Observe! Compare! Record!

The existence of a form of pneumonia, having some undefined connection with periodical fever, has long been known and noticed; but unfortunately for the student of the present day, the affection has not attracted the attention of recent investigators, and is only cursorily and imperfectly noticed by any of the modern standard authorities. The progress of pathology, the advance of therapeutics—and still more, the change of that which Sydenham termed the Medical Constitution of the period, render it imperatively necessary, not only for the attainment of correct views of the nature of disease, but even for the recognition of its physiognomy, that its descriptions should be often revised, if not altogether re-written. This work to a great extent has been accomplished, in reference to diseases generally; but as this affection is chiefly seen in regions, if not inimical, at least not fertile in authorship, the task remains, (so far as we are aware,) for it unperformed. To supply this deficiency is not the expectation of the writer but he trusts that he is enabled to afford some materials from his observation, which may be of some aid to those who have not possessed his clinical advantages, and to others more competent, who may hereafter direct their special attention to the subject.

In studying the works of the great master of physical diagnosis my attention, for several reasons to be explained, was early riveted to the fact therein related, of his having witnessed a form of pneumonia which promptly and certainly yielded to bark, whilst at the date of composing his immortal treatise he extolled, in terms as equally decided, the contra-stimulant method of Rasori; at the same time justifying his former treatment, on the ground of the peculiarity of the epidemic. With eagerness I scanned every page, to learn the distinctive points of diseases having the same name and location, yet requiring such different modes of cure. This information was more ardently coveted, as I suspected that the affection, as it was generally presented to me, belonged to the former class. The search was, however, fruitless. This important and lamentable omission is, however, easily explained by the fact that he witnessed the first mentioned epidemic before his attention had been specially directed to diseases of the chest. Leaving his pages, I examined the productions of every author on thoracic diseases, to which access could be conveniently obtained; and although aid was received from many, towards the elucidation of the problem, yet their descriptions were so meagre, incomplete, and mingled with an exploded pathology, that I turned from them all to the bedside, to read in the volume of Nature the truths so necessary and important.

I beg those to whom these pages may come to leave out of consideration the humble source from which they emanate; to forget the faults and imperfections they may present, in the solemn assurance that the subject to which they are devoted is one of the most momentous importance to which their attention can be directed. In my opinion the phase of disease whose delineation is now attempted, is the form of pneumonia generally seen by southern observers; that its peculiarities are often unrecognized, being often confounded with simple typhoid and other varieties of pulmonic lesion. Not only this, but the assertion is here made that under proper management this disease, although of decidedly fatal tendencies, is more under the control of remedial agents than any of the so-called phlegmasiæ. If these declarations are true, how important is it that its features should be familiarly known, in order that it may not be confounded with diseases chiefly affecting the same organs, but so unlike in character and nature.

GENERAL COURSE AND PROGRESS.

Malarial pneumonia attacks suddenly, being almost invariably ushered in by a chill, which is frequently of severe intensity, and attended with rigors of variable duration. In very grave cases, however, the system is prostrated almost beyond the capability to react, and a prolonged cold stage is the result. Death, however, rarely is produced from this cause in the early stage, but fever, more or less developed, soon ensues. In some cases the patient seems for hours, and even days, to hover between the state of chill and febrile excitement. Pain in the side, of the pleuritic character, is generally next experienced, it being absent in very few instances. To the reactive fever dyspnœa and cough soon succeed. In some cases, however, the cough is tardy in its appearance, or is so slight at the commencement as to elude the notice of the patient and physician, Headache, nausea and vomiting are very frequent and prominent symptoms. and frequently precede the cough and pain; the fluids ejected from the stomach being usually of a bilious character. The cough is commonly dry at the commencement, or attended with an excretion of glairy mucus; sooner or later, however, the sputa becomes more or less tinged with blood, forming the pathognomonic ferruginous expectoration, the hues of which are as numerous as the proportions are in which blood and mucus may be mingled. Thus we shall see in some cases the latter merely tinged with blood; or, as more frequently happens, a uniform thin, bloody, frothy fluid is only seen, possessing but little viscidity or tenacity, whilst in some instances a pure and copious hæmoptysis is observed. Later, however, the expectoration is liable to great variations in color and hue, thus it may be of the various shades of brown, red and yellow commingled, and in the advanced stages may become green, or almost black. The febrile action presents decided peculiarities, being usually distinctly paroxysmal and remittent. The remissions are, however, sometimes obscure, and an active fever exists during the whole day and night. On watching the patient closely, however, a coolness of the extreme parts will be almost invariably observed, generally occurring daily and during the morning hours. This reduction of temperature may be confined to the ends of the nose, toes and fingers, either separately or combined, and in grave and rare cases, may extend over the entire extremities, or even the whole surface, amounting to a state of collapse. This coolness of the skin is not generally felt by the patient, but on the contrary, when it is present, he often complains most intensely of sensations of excessive internal heat, soliciting the introduction of cold air into the chamber; and, as we have witnessed, wishing the doors and windows to be opened, and the fires extinguished, when the thermometer stood below the freezing point near the bed of the sufferer. A marked increase of fever follows this insensible chill, which continues to increase in intensity, until an exacerbation, more or less perfect, is developed. The pulse which had been very frequent and contracted in the chill becomes expanded, acquires force and sometimes, though rarely, becomes full or tense. The term *compressible* applies to the usual condition of pulse, and the idea entertained on its careful examination is, that the heart is acting with only a seeming force, and not with real vigor. In some few cases, the pulse has been observed to be *nearly normal*, or *morbidly slow*.

The respiration in the chill is more frequent, and the dyspnœa more urgent than in the exacerbation. The breathing is usually irregular, on account of the pleuritic pain, but when this is absent, or has been relieved, the respiration is often but slightly embarrassed in severe cases in the early stage. The disease continuing unchecked, the paroxysms usually become less marked, the respiration becomes more continuously frequent and difficult, the acts often exceeding 60 per minute; yet, in some cases of a grave character, the breathing is scarcely accelerated during the whole course of the disease. A new symptom now sets in. The patient, who before may have been entirely rational, or only slightly incoherent in sleep, or at the heights of the exacerbation, suddenly becomes wildly and persistently delirious. The cough now often ceases—the patient often breathing apparently better than when in a hopeful condition. The tongue becomes brown, or black and dry, sordes collect on the teeth, and the skin and sclerotica assume a jaundiced hue. The delirium increases in intensity, the patient growing almost uncontrollable, and requiring force to keep him in bed; and when not watched, rushing out of the house when nearly pulseless and cold. Quiet only succeeds to this raving to be quickly succeeded by the curtain falling on this last scene in the agonizing drama.

Such are the usual phenomena presented by this affection, when left to the unassisted efforts of nature. Death, however, sometimes occurs evidently from the embarrassed functions of the lung as in cases of the idiopathic disease, produced by an impermeable condition of its parenchyma.

The termination in health is marked by the gradual diminution of the symptoms, by the occurrence of diaphoresis; by a copious secretion of urine, and yet, more often, by the discharge of greenish, black, viscid, inodorous stools, closely resembling tar in appearance. These passages by degrees become of a lighter color, passing through shades of green and yellow, until they assume the natural hue. The expectoration becomes less colored, the sputa becoming more homogeneous, and gradually assuming the smooth straw-colored appearance, characteristic of the resolution of pulmonic inflammations.

The disease, however, sometimes becomes chronic, with copious purulent expectoration, mingled with blood, the patient passing into hectic with the rational symptoms of phthisis, terminating in death. In more fortunate cases, the disease after many weeks, and even months duration, may give place to entire restoration to health.

PHYSICAL SIGNS AND PHYSICAL CHANGES, FIRST STAGE, ENGORGEMENT OR ACTIVE CONGESTION.

Advancing no claim to expertness in physical diagnosis, I feel a great hesitation in expressing my opinion in regard to the import and value of morbid sounds in this affection. I feel it my duty, however, to say that the crepitous rhonchus, regarded by Læennec and his imitators, as the early pathognomonic sign of pneumonic inflammation in general, is not usually present at the commencement, or, indeed, any of the stages of this disease. That it is sometimes heard, we know, but that it is so commonly observed as to possess alone any very important signification in estimating the extent, precise seat or gravity of the disease, I do not with my present experience believe. Its pathognomonic value called into question at the time of its promulgation, by Andral,[*] Chomel,[†] Cruvelheir and others, has been more recently and strenuously contested by Stokes[¶] and the celebrated Professor Skoda,[‡] of the school of Vienna. I therefore feel more confidence in candidly expressing my views. It is difficult, after perusing the works of Læennec, Williams, Walsh, Barth and Roger, and others, and observing the positive declarations made by them in regard to the existence and value of this sound, to withhold a belief in their statements. On the other hand, it is equally impossible to consult the distinguished authorities above cited, without being convinced that they are penned by skillful and truthful observers. I do not know how these conflicting views can be reconciled, save by the supposition that their authors were observing different forms of pneumonic lesion.*

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[*] Cl. Med. tome ii., 333. [†] Dict. de Med. tome xvii., 232. [¶] Diseases of the chest.
[‡] Aus. and Purcus. Markham's tranl., 151, 157, 303, 306, 315, 323.

If the peculiar variety of pneumonia now under consideration, or if this phrase is objectionable, if the condition of the organism with which inflammation of the substance of the lungs in the present disease is found associated, is widely different from that described by the majority of authors, then it is reasonable to suppose that some diversity in the physical signs would be observed. If, in this disease, as we shall contend, the pathological condition of the lung usually partakes more of the character of congestion, than open inflammatory action, then the absence of crepitation may be explained, without impeaching the testimony of those who have sought to affix it to the first stage pneumonia, as the diagnostic sound. The presence of crepitating rale is justly and reasonably ascribed to the passage of air through the viscid pathognomonic secretion in the air cells and minute bronchi; that secretion being considered the result of inflammation. Now, although this fluid, as proven by its expectoration, is present in all varieties of pneumonia, yet it is usually more fluid, and more sanguineous in this than in simple pneumonia, and we should, therefore, rationally conclude that the passage of air through fluids of varying tenacity, density and composition, would produce sounds of variable character.|| Again, it often occurs in the early stages of this affection that the cough is unattended with expectoration, for several days; indeed, we have seen cases of the most violent character, terminating in death by apnœa, with expectoration scarcely sufficient in quantity to betray the character of the affection; the cough being dry throughout, and the dyspnœa extreme. Now, in these cases, we should be prepared to learn that no crepitation would be heard, or, if observed, not in proportion to the extent or gravity of the pulmonary lesion. Again, in describing the anatomical characters of pneumonia, Lænnec† admits that inflammation of the bronchia is a frequent attendant on the simple form, "its lining membrane being *commonly* very red," "occasionally swollen," "the redness sometimes extending over the whole bronchi." Now, if this be true, and who will gainsay it, how is it possible that sonorous, sibilous and mucous rhonchi should not be often heard, as maintained by Skoda,* and if present, drowning, according to Andral,‡ the less audible sound of crepitation. But, as has been premised, as the anatomical character of this affection is doubtless an intense congestion of the parenchyma, associated, perhaps, in some degree, with inflammation, it is probable that the absence of crepitation in the large majority of cases may be thus explained.

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*Lænnec's descriptions are evidently taken from cases of simple sthenic pneumonia. || Lænnec himself only cites two cases of this form of pneumonia, in which the glutinous sputa and crepitous rhonchus were observed.—[Forbes' translation, 249] †Fobres' tranl., 220.

In the first stage of this disease, we may have, therefore, the crepitating rale, or mucous rales, in varying degrees, accordingly as the character of the case may partake of inflammation or active engorgement. In many cases, however, the practitioner will fail to observe any morbid sound, although the concurrent symptoms may render the diagnosis positive. In these instances, the crepitating rale may sometimes be elicited by engaging the patient to cough forcibly, as advised by Barth and Roger.§ Although, as I believe, crepitation is neither pathognomonic, at least of this variety of pneumonia, or confined to inflammatory affections of the parenchyma, being simply the sound produced by the passage of air through a viscid fluid in minute tubes; yet when present, its importance should not be undervalued, as when taken in connection with other signs and symptoms, it affords a valuable aid to diagnosis. There are, however, as has been already indicated, other sounds observed in the first stage of this disease. Early in the invasion, in some cases on the first day of its existence, there is a copious sero-sanguineous secretion or exhalation present, obstructing the current of air in the bronchiæ, trachea and larynx. In these instances we have, therefore, abundant bronchial, tracheal and laryngeal rales, which may be often heard at some distance from the patient. On the other hand, as we have observed, all sounds indicative of disease are absent. Dyspnœa, pain, cough, peculiar sputa and every other symptom may be present, yet no sound save the vesicular murmur, perhaps louder than in health, is heard, the chest being at the same time clearly resonant on percussion. In these cases the pneumonia is either central, or the secretion in the air-cells and finer branches of the bronchi may not be present in quantity sufficient to offer any obstacle to the transmission of air. Whatever explanation however, may be offered, I am fully persuaded, after careful exploration of the chest in many cases daily and hourly made, that at least in the early stage of this form of pneumonia, no abnormal sounds can often be observed.

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*306. ‡Note to Læennec.—[Forbes' tranl., 246.] It is traditionally well known in Paris, that even Læennec committed the error of confounding double capillary bronchitis with double pneumonia.—[Walshe, Amer. ed., 306

§Prac. Treatise, Aus. Edinburg ed., 141.

SECOND STAGE, SOLIDIFICATION, HEPATIZATION.

These terms are synonymously used to denote that condition of the lung, in pneumonia, in which it is no longer permeable to the air, but doubtless are too often indiscriminately used. In this affection, as we have repeated and shall endeavor to maintain, the state of the lung parenchyma partakes more of the character of congestion than active inflammation. There can be but little doubt but that in a great proportion of cases *some degree* of inflammation exists, as proven by the presence of fixed pain—the peculiar sputa and other symptoms; but often, as we have premised, the expectoration is of a different character, partaking more of the appearance of diluted blood, or of a sero-sanguineous nature.* When, therefore, perfect dullness on percussion, and absence of the respiratory sounds, betoken condensation of the lung in this disease, it is not, in my opinion, due to an inflammatory process with lymph effusion, as in the frank form of pneumonia, and to which the term hepatization has been properly applied. We shall endeavor to substantiate these views when the nature of this affection is considered. Lungs, says Walshe,† which the naked eye would judge to be in the same condition in regard to their shares of air, fluid and semiplastic substance, it is evident, acoustically, are in different physical states. Specimens of parenchyma apparently identical, are in reality widely different. In estimating the conducting power of lungs, there can be but little doubt that varying homogeneousness is a more important element than any so-called "solidification in pneumonia."

"Dullness," says Blakiston,‡ "will result from serous or sanguineous congestion of the cellular portion of the lungs in contact with the walls of the thorax, whether of a passive character, being the result of obstruction to the circulation, or of an active character, as in the early stages of pneumonia."

Andral§ considered hepatization to arise from congestion of blood and not from lymph effusion, and in this opinion Stokes also concurs. Blakiston* we think very reasonably concludes and cites experiments in proof, that in pneumonia there are two forms of solidification, one of which is produced by congestion, and the second by deposition of lymph.

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*Prac. Treat., heart and lungs, 131. †In this disease the expectoration is usually an exhalation, and not the result of inflammation. ‡Prac. Obs. Dis. Chest, 37. §Path. Anat., vol. i, 511.

Percussion Signs of Solidification.—" The thoracic walls," says Skoda, " beneath which the hepatized lung lies, yield a dull percussion sound, and their resistance is increased, provided the hepatized portion of the lung has the thickness of about an inch, and an extent greater than that of a pleximeter. The more extensive the hepatization, the duller is the sound, and the greater the resistance. If the sound is completely flat, as elicited in striking the thigh, then the lung is solidified throughout its whole thickness.

Auscultatory Signs.—According to Læennec, in hepatization the crepitous rhonchus and vesicular murmur are absent in the affected part, and this is frequently the only proof afforded of solidification having occurred, broncophony existing in certain cases if the inflammation is seated near the roots of the lungs, or in the superior lobes where the bronchial tubes are largest. When the pneumonia is central, broncophony is absent or obscure, becoming more manifest if the inflammation approaches the surface of the lungs; this being easily accounted for, he observes, as a hepatized lung is a better conductor of sound than a healthy one broncophony being nothing more than the resonance of the voice within the bronchi of the inflamed part. Bronchial respiration and bronchial cough, according to the same author, always accompany broncophony, and when the hepatization is near the surface and involves within it bronchial tubes of considerable size, then it is frequently accompanied by a sensation of blowing into the ear, (souffle dans l'oreille,) and if a thin portion of pulmonary substance not yet hepatized intervenes between the ear and the affected bronchi, the sensation denominated the veiled puff (souffle voile) is produced." The auscultatory sounds, as described by Skoda, more nearly accord with my limited experience. I however do not feel competent to pronounce on the correctness of his theory of consonance. He says: " Where the hepatized portion is extensive enough to contain within it at least one of the larger bronchial tubes, and if the tube contains air, is not obstructed, and communicates with the trachea, then the voice of the patient will consonate in the bronchial tube, and be heard either as loud or weak broncophony over those parts nearest the tube." "The respiratory sounds vary according to the nature of the rales in the larynx, trachea or bronchii, through which the air must pass before it enters the bronchial tube surrounded by the hepatized tissue. The respiratory murmur may alone be heard, or in addition to this, hissing, whistling and sonorous sounds, either separately or combined. If the hepatized portion of the lung be not large enough to contain one of the larger bronchial tubes, or if it be large enough, but the tube be filled with fluid or solid matters, or if the communication between the tube and trachea be obstructed by mucus, blood, etc., then neither broncophony nor bronchial breathing, nor high, clear rales, nor hissing, whistling, or sonorous sounds will be heard over the hepatized lung; the patient's voice will be *inaudible* or recognizable only as a dull muttering, and the respiratory murmur *indistinct* or *absent.*" Whether the explanation of Skoda is correct or not, I cannot say, but certainly in a large majority of my cases, neither broncophony, bronchial breathing or bronchial cough have been observed. I am inclined however, to attribute their absence to the fact that in this variety of pneumonia, the impermeability of the lung being due to excessive engorgement, and not to lymph exudation, it therefore does not possess the requisite density to make it a good conductor of sound.

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*Diseases of Chest, 286.

THIRD STAGE—PURULENT INFILTRATION.

This is a very rare termination in this form of pneumonia. When present, the physical signs do not differ from those of solidification. A well marked case of this condition came under my care, which was attended with copious purulent expectoration tinged with blood, being of a yellowish pink hue, the quantity evacuated being at least two pounds per day for several consecutive days. Laryngeal, tracheal and bronchial rales were present and distinctly heard at a distance of several feet from the patient. Percussion yielded a dull, flat sound over the whole thorax below the fourth rib, on each side, beneath which no sound of the voice, cough or respiration could be heard. Above this line percussion yielded a clear sound and the ear discovered a coarse, humid rhonchus with large bubbles, evidently due, like the sounds in the windpipe above, to the passage of air through the abundant purulent secretion.

Signs of Resolution.—When this occurs, according to Lænnec, in the first stage, the crepitous rhonchus becomes daily less perceptible and gradually yields to the normal respiratory murmur. When hepatization has taken place its resolution is announced by the return of the crepitous rhonchus (rale crepitant de retour rhonchus, rhonchus crepitans redux). Skoda on the other hand maintains, and his views accord with my own observation, that the period of resolution is not invariably attended with the appearance of the crepitating rale, but in most cases is accompanied by a great variety of rales, or by whistling, hissing and sonorous sounds. In some rare cases, he adds, no rales whatever appear during resolution—the bronchial breathing being at first indeterminate and at last vesicular. "The crepitating rale, or rale resembling it," he adds," is heard during the resolution of moderately severe case of pneumonia; it is also occasionally observed in severe cases, at a more advanced period of the resolution, when the secretion has become scanty. In the greater number of cases the vesicular breathing does not return immediately upon the resolution of the disease; but we generally find after all the functions are restored to their healthy condition, and percussion no longer yields any abnormal sound, that the respiration still remains indeterminate, or that rales, or hissing, whistling, and sonorous sounds continue. Auscultation yields the same sound when the resolution is incomplete." In conclusion, this distinguished author thus sums up: "It follows from the above that the presence of pneumonia cannot be determined by the auscultatory signs alone; that these are often very indefinite, and that broncophony, bronchial breathing and other sounds, as well as vesicular breathing and fine equal-bubbling rales are signs which of themselves do not enable us to draw accurate conclusions as to the condition of the lung parenchyma. In forming our diagnosis we must also take into consideration every other symptom attainable by percussion and by other means at our command."

DIAGNOSIS BETWEEN MALARIAL AND OTHER FORMS OF PNEUMONIA.

The varieties of pneumonia with which this affection is most liable to be confounded, are simple or idiopathic pneumonia and typhoid pneumonia. I shall therefore be necessarily compelled, in order to institute a comparison between these disorders, to glance at their predominant characteristics. I shall do this with all the brevity which the importance of the subject and my faculty of condensation will allow me to use.

Simple Pneumonia.—The celebrated Cullen, whose descriptions of the rational symptoms of disease were masterpieces of faithful delineation, and who doubtless drew his pictures from this form of pneumonia, says :* Pneumonic inflammation, however various in its seat, seems to me to be always known and distinguished by the following symptoms: pyrexiæ, difficult breathing, cough and pain in some part of the thorax; and that for the most part the pulse is frequent, full, strong, hard and quick." This portrait of the affection continued to be the principal guide from the time in which he wrote until the occurrence of the modern discoveries in pathological anatomy and physical diagnosis. To the symptoms laid down by Cullen, we have therefore the important aids furnished by those valuable additions to our science. In drawing a comparison thus far between the general symptoms of these affections, we perceive at once a close resemblance, which would amount to identity, were it not for the dissimilarity in the character and variations of the pulse,—that in malarial pneumonia being frequent, soft, of moderate fullness, compressible and never or rarely very full, tense or hard. Nor is the circulation in pneumonia subject to the same diurnal variations. It is true that writers aver that in some cases of the latter form the fever is sometimes evidently remittent, but granting that these cases did not belong to the malarial diseases, (though we strongly suspect the contrary,) still I think that a marked paroxysmal character is seldom or never observed in the simple form. The regularly recurring cold stage is another guide to discrimination, seldom absent in the malarial affection, whilst in the frank form the skin is uniformly of an elevated temperature in the great proportion of cases, generally being hot and dry at all periods of the day and night, whilst in the exacerbation of the former disease, the heat is more moderate and is subject to a daily decline in the remission which occurs immediately before the reappearance of the chill. The evidences of hepatic and gastric disorders have gained for the malarial form the epithet of "bilious," and although we utterly reject that view of its pathology, which associates either this disease or any form of malarial disease necessarily with hepatic lesion, save as regards the occurrence of the latter as a secondary affection of minor importance, yet the frequent presence of nausea and bilious vomiting in several cases, will doubtless afford some aid to diagnosis; those hepatic symptoms dependant on sympathy of contiguity, where the inferior lobe of the right lung is implicated, in pure pneumonia, being of exceptional occurence. The condition of the bowels in this disease and the latter is also different. In the malarial form, the intestinal canal seems generally to be in a state of phlogosis or exalted sensibility. This is manifested by the frequent presence of diarrhœa; and when this is not evident, by the hypercatharsis often induced by the mildest aperients. Later, when the disease succumbs, convalescence is usually announced by those characteristic, and we may say critical alvine evacuations before described. The expectoration is often very different in the two diseases. In this it is usually less viscid, less copious and more fluid, partaking more of the character of blood mingled with serum; in fine, presenting more of the character of a defibrinzed blood than as a product of inflammatory action. The presence of delirium is more common in the malarial than in the simple form. In the former it is usually distinctly intermittent or remittent in the early stages. At that period it also is usually mild in its character, the patient seeming to be in a state between sleep and awake, muttering incoherent and rapidly changing fancies, but when fully aroused and his attention directed, replying in a rational manner. The delirium is evidently of a neuralgic character, being often associated with a cool skin and feeble pulse, with no other symptom belonging to organic cerebral lesion, and like the hallucinations of delirium tremens, to which it bears many and striking resemblances, is relieved by sleep, to recur again however, in the febrile paroxysm. Delirium however supervenes under other circumstances, which although we have already noticed, constitute such an important feature as will excuse a repetition. Often, without any previous cerebral symptoms whatever, after the pneumonic symptoms have been mitigated or have entirely disappeared, and confident hopes are entertained of the patient's recovery, a furious delirium suddenly occurs. I cannot refrain from adding this striking characteristic as drawn by Cleghorn: "Besides some abatement of the fever which happened every morning, it was remarked that upon the third day or beginning of the fourth there was frequently a great remission, sometimes a total cessation of every violent symptom, so that the sick were thought to be out of danger; but on the fourth or fifth a delirium suddenly came on, or the breathing became more difficult than ever, and one or both of these symptoms increasing hourly, the patient expired either suffocated or raving mad, unless nature or art assisting, he had the good fortune to escape by some critical evacuation."* †It has happened to the writer to have seen cases in which every *rational* and *physical* sign of convalescence had made their appearance, but who on the next visit were found to be in the same condition as when first attacked, without any known cause which could be possibly assigned for the change. In these cases it will be perceived that the malady was strictly intermittent, and the recurrence of the symptoms was evidently connected with the periodical character of the affection and the liability of that class of diseases to relapse. We have thus briefly pointed out the variations presented by the several organs, functions and secretions, to aid the beginner in discriminating between this and the simple form; but there is another phase of pneumonia with which it is also too often confounded, and which of late years is seen frequently even in malarial regions, and from which it is equally important that it should be distinguished, viz: typhoid pneumonia.

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*First Lines of the Practice of Physic, Amer. ed., N. Y., 1793.

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*Diseases of Minorca. †See Synopsis of Termination in Health, p. 47.

By the term typhoid pneumonia, I designate that species of pulmonic lesion which presents itself as a complication of the form of continued fever for many years widely prevalent in the Old and New World, and by general acceptation known as typhoid fever. It is true that this term and its synonymes have often been applied to simple and malarial pneumonia, but I believe on erroneous grounds. The designations typhoid, asthenic or sthenic, cannot be applied to the latter disease, as the exhibitions of vital force or reaction are too variable in their nature, intensity and duration to render them appropriate. Thus as we have seen in some cases of the malarial disease, the vital powers were almost overwhelmed at its onset, continuing thus for days together, and at last, perhaps, followed by vehement reaction; whilst in the cases generally there were such diurnal changes that the same patient might have been regarded in an asthenic or sthenic on the same day, accordingly as he may have been seen in the remission, chill or exacerbation. It is true that the malarial affection, when continuing, finally places the patient in an adynamic state, but this is true of acute diseases generally, and must be regarded as a sequent and not as an original condition.

The term typhoid cannot be properly applied to any form of simple inflammation. In my opinion pure inflammation of the lungs, occurring in a previously healthy subject, cannot present typhoid symptoms, unless it is associated with some morbid element which impairs the resistant powers of the organism. When, therefore, such a patient prominently presents the symptoms of pneumonia, attended with deficient vital reaction the inflammation of the lungs is a secondary or collateral affection, and not the primary or essential malady under which he is laboring.

Typhoid pneumonia may be presented as an intercurrent affection, but often the inflammation of the lungs is the first and most conspicuous symptom. To such an extent and so marked is the expression of this lesion that the practitioner is liable to regard the pulmonary affection as the sole cause of the illness of the patient, and not perceiving the system condition with which it is connected, may be led into the error of treating it as such. On minutely inspecting the case however, he will be enabled generally to discern its true character, and recognize under the veil of pneumonia the peculiar form of fever on which it is engrafted. To the novice we offer a few observations as guides to a correct diagnosis. Typhoid pneumonia usually differs from the forms before mentioned, 1st. In its mode of access. It is usually more gradual in its approach, and in cases where the pneumonic symptoms announce themselves suddenly, it will be commonly found on inquiry, that the patient has been indisposed for some time before their appearance. 2ndly. In the character of the attendant fever. The regularly recurring paroxysms of malarial pneumonia are absent, the firm, full pulse of the simple form is never observed, but on the other hand symptoms of great depression of the vital powers are generally present. In short, we are usually enabled to discover the peculiarity of the case by bearing in mind that the patient before him is the subject of typhoid fever with pneumonia superadded.* Lastly. In diagnosing the various forms of pneumonia, we should look around our patient and endeavor to ascertain the sources of disease to which he has been exposed, whether of transitions of temperature, moisture, contagion, endemic or epidemic influence. Although the rules laid down are generally applicable, we should ever be on the alert in fear of a mistake. It is desirable that it should be impressed on the mind of the beginner, that he will often be compelled to diagnose and treat many cases of which his knowledge must be chiefly drawn from the character of the epidemic present. Physical signs often interpret disease imperfectly, symptoms are merely outward expressions of an internal departure from normal vital action; they often vary, they are frequently obscure, and the same morbific agent has so many different modes of displaying its effects on the organism, that many instances must present themselves to the observer, in which no pathognomonic guides will be perceived, or if present, undecidedly and imperfectly pronounced.

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*See the writer's article on remittent fever, for the diagnosis between that disease and continued fever in the last Transactions: also in Va. Med. & Surg. Journal, Jan., 1855.

CAUSE AND NATURE OF MALARIAL PNEUMONIA.

The efficient cause of this disease, as its name implies, I belive to be malaria. By this term I desire to imply the identical cause of that class of pyrexiæ now generally known as periodical fever.

In employing this description, I do not commit myself to, or demand a belief in, any of the theories concerning its origin; but as nought save the great first cause can exist without a creator, so periodical fever cannot, without being called into existence by some morbid agency. Whether that agent be solid, fluid, gaseous or imponderable,—Whether it be—

> "Airs from Heaven or blasts from Hell,"

or the

> ——"Infection that the sun sucks up
> From bogs, fens, flats,"

is desirable or necessary here to determine. Time was when my youthful mind delighted to sport with questions like these, and—

> "To Float like Pyrrho on a sea of speculation,"

and I had the folly to believe, with numbers before and perhaps after me, that the problem was solved; but our days of dreams are over.

Nevertheless there are some axioms which may be regarded as established in reference to this source of disease, which for the elucidation of my views it is necessary to bear in mind:

1st. The primary impression of malaria is depressing in its character.

2d. Periodical fever may owe its existence to an exposure to its cause at a period considerably antecedent to its developement.

3d. This class of fevers, though chiefly rife in the warmer, may occur primarily in any season of the year.

4th. A person exposed to malaria may present indubitable evidences of its pernicious influence, without any regular attack of fever having occurred, such as anorexia, nausea, malaise, diarrhœa, neuralgia, debility, palpitation, emaciation and anæmia.

5th. Persons constantly exposed to malarial influence may retain perfect health.

6th. In persons of this latter class, periodical fever is often suddenly developed by any depressing cause, such as a blow, a fall, a shock, and by the incidental occurrence of other diseases.

The doctrine that this form of pneumonia owes its existence to malarial influence has long been entertained and acted upon, but on the other hand, has been as strenuously contested, both in regard to its correctness and legitimate consequences. The subject is one of great interest and of the highest importance, involving unquestionably the lives of the inhabitants of many sections of our own and other countries. The reader who has had frequent opportunities of observing remittent fever at the bedside, or those who have not, who have known the writer, by a persual of his imperfect descriptions of that disease, cannot fail to perceive the close resemblance between the phenomena presented by that affection, and the disease under consideration. Indeed, the similitude is almost perfect, with the addition of the signs and symptoms of thoracic lesion. It will be observed, therefore, that the evidences of organic implication are by no means confined to the organs of respiration; that symptoms of gastro-intestinal disorder very frequently preceded the lung symptoms, and that both were very often preceded by febrile excitement for hours and even days. We have seen that the patient evidently does not always perish from the pathological changes wrought in the lungs, death more often occurring from the supervention of fierce delirum, not only independent of the lung affection but subsequent to its abatement or total disappearance. These facts, then, clearly denote the connection between this disease and periodical fever, as they sufficiently prove that its phenomena are not merely symptomatic of lesion of the lungs.

By some, an explanation of the existence of this disease has been given, by attributing it to the combined agency of malaria and atmospheric vicissitudes. This is doubtles often true, but it does not offer a satisfactory solution of the fact that many are often attacked with it who have not been exposed in any appreciable degree to those changes. Indeed this affection often attacks a number of persons consecutively in the same household, with intervals of time elapsing between the occurrence of the cases to permit all conditions of temperature and humidity to appear, properly belonging to the season. "It is probable," says Lænnec, "that the epidemic peripneumony is often owing to deleterious miasms which have entered the system by means of the cutaneous or pulmonary absorbents, since nothing is more common than to meet with cases of this disease to which we can assign no occasional cause. How many persons are seized with it in their very chambers, and in spite of the utmost care taken of their health*" It is impossible that any observer of ordinary perception can have failed to have been often impressed with this reflection. Exposure to atmospheric alternations does not therefore offer a complete and satisfactory explanation of the general occurrence of this affection. I propose, with some diffidence, to offer a few simple thoughts on the subject. It is a fact which will scarcely be questioned, that during the prevalence of any fever in seasons of low temperature, pulmonary inflammation is prone to occur as a complication. In scarlatina, rubeola, typhoid fever, and other febrile affections, it is very common. There are some causes, therefore, existing and belonging to the season, which either excite or predispose to lesion of the lung parenchyma. In instituting an inquiry into the operation of those causes, it will be necessary to bear in mind that the system has passed through the fervid heat of summer, the balmy temperatures of autumn, by transitions more or less variable, to the colder season of the year. Usually the outward man has been prepared for this change, the whole surface of the skin having been protected from the effects of reduced temperature, by clothing of proper quantity and quality. But how is it with the lungs, the only remaining surface, besides its outlet, which is exposed to the direct contact of air? What has been done to protect that extensive, delicate lining of the air-tubes and air-cells; that admirably contrived membrane, abundantly supplied with blood-vessels of such remarkable construction and tenuity, as to allow the permeation of air through their delicate parieties, and yet allow under ordinary circumstances no escape of their contents? It is evident that this great annual change of temperature cannot take place wtthout some important physiological revolution in the pulmonary circulation; to understand the nature of which, it is only necessary to remember the usual effects of reduced temperature upon vascular tissues in general. The first impressions of cold upon the lungs must necessarily be succeeded by contraction of their capillary vessels. Happily, however, our organs are endowed with a certain degree of resistance to depressing causes, under the operation of which the vessels again expand and allow the free transmission of their contents. In short, the equilibrium of health is established. This resisting force which thus averts disease, or in other words, the nervous force, the only power existing in the system, of which we are cognizant, must, however, be continued and maintained, in order that no embarrassment to the circulation may ensue; consequently, throughout the colder seasons a greater amount of nerve power must be expended in the lungs to preserve their physiological condition.

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*Forbes' translation, 233.

Again: The effects of the reduced temperature will be in proportion, 1st to its intensity and duration; and 2dly, the capability of resistance residing in the system.

If we suppose that the system is contaminated by the depressing influence of malaria, whether enervated by open attacks of malarial fever, or debilitated by its latent influence, it necessarily follows that such a person must be in a favorable condition for the development of pulmonary engorgement, from the fact that he is subjected to a temperature requiring a healthy nervous force to resist, which he does not possess. There is plainly then, a degree on the thermometric scale, equivalent to disease with him, yet compatible with health in others.

Let us advance one step further. The degree of cold being present beyond the nervous power to resist, or having endured so long as to have for a time exhausted its resources, let us look again at the capillaries of the lung. If the vessels contracted by the application of cold, do not possess the normal resistant vigor, as we have assumed as an axiom in the malarial diathesis, the same or greater effect is produced than by a more intense degree of cold, acting on a healthy subject. Under ordinary circumstances, however, the nervous centres will be stimulated to react, (those cases attended with collapse in the commencement being the exceptions,) the reaction, according to a law of the organism, being in proportion to the previous degree of depression. "An increased afflux of blood to the part consequently ensues, and as the action of cold has indirectly produced the same effect as that produced by a direct irritating cause, it will only be necessary to follow the subsequent steps in the process to the state of active congestion, as detailed in Kaltenbrunner's microscopic experiments.*

But there is yet another function which has also to undergo an important modification. The skin, which in the warm seasons had been exalted to excessive activity, gradually falls into a state of comparative repose, as the bleaker season arrives. This evidently occurs, however perfectly it may have been protected. This subsidence of function must necessarily be followed by a determination of blood to the internal organs, the retrocession being greater and more easily induced in malarial subjects, for reasons before adduced. We have now an explanation of the modes by which cold and malarial influence may act as exciting and predisposing causes of this affection; but this solution does not wholly apply to those cases occurring in previously healthy subjects, whilst seduously guarded from atmospheric vicissitudes. These cases are evidently due to the evolution of malaria, the affection of the lungs being produced by the predisposing tendencies of the season. Objection has been urged on many grounds to this view of its causation, the principal one of which is that pneumonia prevails in seasons inimical to the existence of this mysterious agent. This is plainly an error. Primary attacks of periodical fever not unfrequently occur during the winter and spring months, especially in the latter, which is also the season in which this form of pneumonia is usually prevalent. The opponents of the views I have embraced seem to ignore this established fact, as old as the ancient couplet:—

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*Watson's Practice, Art. Active Congestion, p. 46.

"An ague in spring,
Is fit for a king."*

They have, however, been compelled to yield the admission, that a form of disease similar to that we have described, often prevails as an epidemic. Now, whether it be regarded merely as a complication, a compound, or as a hybrid affection, it cannot be disputed that it rages in those seasons of the year, the temperature of which they assume to be destructive to malarial influence. The inconsistency is obvious.

The occurrence of periodical fever not only in the spring, but occasionally in the winter months, being easily established,† there are conditions necessary to notice, closely associated with its nature and phenomena, which besides the tendencies of the season, assist in producing a sanguineous determination to the lungs. When discussing the subject of remittent fever, I briefly endeavored to prove its nature from the character of the symptoms existing during life, and to show that there was constant tendency in the vital current to retrocede from the extremities to the trunk, and in grave cases, from the whole surface to the internal organs. Of the cause of that morbid afflux, I then avoided discussion. I do so now, but in my opinion it is produced by an irritation of the nervous centres, of a peculiar character. As a consequence of this irritation and congestion, delirium, difficult locomotion, dyspnœa independent of pulmonary engorgement, with varying conditions, of pulse, and abdominal symptoms were observed, accordingly as different portions of the cerebro-spinal axis may have been involved.

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*Elliotson's practice, 242. †Under the name of adynamic remittent, I have described a form of remittent fever often seen in the winter season in my region. See article before referred to.

To sum up our reflections on the pathology and etiology of this form of pneumonia, we have therefore to explain its production and phenomena.

1st. The predisposing tendencies of low temperatures to produce an afflux to the lungs by direct contact with their interior surface.

2d. The same cause, by repression of the cutaneous evacuation, determining to the whole internal organs.

3d. The operation of malarial influence, which not only diminishes the vital resistance to cold, but possesses an evident inherent tendency to produce internal engorgement.* A glance at the pathological condition of the lung will close our observations on this division of the subject.

I have repeatedly stated in the foregoing pages my impressions in regard to the condition of the lung parenchyma in this affection, as partaking rather of the nature of active congestion than well developed inflammation. This is proven, in my opinion, by the following circumstances: 1st. The sudden occurrence of solidification, as evinced by perfect flatness on percussion, and absence of the respiratory murmur. This sometimes takes place in grave cases in a few hours after its onset, involving more than half of the entire lungs, accompanied by a cold skin, flagging pulse and colliquative diarrhea, a condition of system totally incompatible with the existence of the inflammatory process. 2ndly. The disappearance of the physical signs is too rapid in many cases to suppose that inflammation, terminating in plastic exudation, had produced this impermeable condition of the lungs.

It is true as we have stated, that there are some evidences of inflammation† mingled with the symptoms, and as active congestion is a state closely allied to inflammation, the latter may, and doubtless does occur, but it is evident that inflammation cannot be the general condition as it is too expeditiously removed, in many cases of several days duration, and by inadequate means, to render that view admissible.

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*Broussais, who doubtless saw a vast number of cases of this disease whilst serving in the French armies, and who has noticed at great length the connection between malarial fever and pneumonia, was fully impressed with similar views.

Cette concentration des forces a l'interieur, ou, si l'oncondamne ces expressions, cette accumulation violente du sang dans les capillaires des visceres, qui existe durant la periode de froid des intermittentes, devient surtout funeste au poumon pendant la saison froide. Histoire des Phlegmasies ou Inflammation Chroniques, tome ii, 588. See also the works of Lænnec, (op. cit.) M. Bailly, (Traite des Fièvres Int., Paris, 1825.) Cleghorn, (op. cit.)

†In Lænnec's cases, he only mentions "that *traces* of inflammation" were found after death. Op. cit., 249.

TREATMENT.

In the Chill.—In this stage it is evident that the state of internal congestion is most intense; the indications are, therefore, to remove or lessen this condition. As in ordinary cases the vital powers are competent to produce reaction, the employment of active measures will be unnecessary, but when the cold stage is serious and protracted, the usual means adopted in remittent fever should be called into requisition. "Warm applications are to be assiduously made over the whole length of the spinal column and to the extremities, together with stimulating frictions," and to these may be added warm cataplasms of mustard or capsicum to the anterior and lateral surfaces of the thorax. If these means should be unsuccessful in restoring the circulation to the surface, enemata of the sulphate of quinine may be used, 8 or 10 grains of the salt dissolved in 2 ounces of mucilaginous fluid may be thrown into the rectum every half hour, or more often, until symptoms of reaction ensue. If diarrhea has been or is present, the following enema will be more efficacious:

Quinæ, sulph., grs. x,
Morphæ sulph., gr. $\frac{1}{8}$,
Acid. sulph. dilut., gtt. x,
Aquæ, oz. 2.
Misce.

To be used as the former, but at longer intervals.

The action of the enemata may be assisted by the administration of carbonate of ammonia by the mouth, or infusions of ginger or capsicum whilst warm may be given. In extreme cases it will be necessary to resort to alcoholic stimuli. These, however, should be used with caution and their effects closely observed.

Fortunately, however, it is rarely that much difficulty is encountered in conducting the patient through the cold stage, and medication may be generally postponed until the febrile reaction is developed.

The Exacerbation.—The indications in this stage are to calm the action of the heart, to remove congestion and to prevent the occurrence of the next paroxysm. If the pulse is hard, full or tense, as it is in rare and exceptional cases; or if the patient is robust or previously healthy and possessing ordinary vigor, and the pain or dyspnœa is very intense, and the character of the pulse or other symptoms do not decidedly contra-indicate its employment, then a moderate quantity of blood may be taken from the arm. In this disease general blood-letting should be employed with a view *only* to *moderate*, and not with an expectation to cut short the disease, nor should it be employed except in the instances referred to. In cases where this is not followed by marked relief, and in those where venesection is inadmissible, the local abstraction of blood by cups or leeches should be resorted to, and may be used as freely as considerations of safety will permit. The time at which bleeding* by any mode should be practiced, is that period when the exacerbation has reached its acme, which is almost invariably in the afternoon or evening.

The administration of medicine is generally postponed until 9 or 10 o'clock, P. M., at which time a full dose of calomel (15 to 20 grains) is administered. If diarrhea, or a tendency thereto is present, 8 or 10 grs. of Dover's powder are combined with the mercurial. Two or three hours thereafter, this is followed by a full dose of quinine (15 or 20 grs.) in pills, or diffused in a wine-glassfull of cold water. Three or four hours are now allowed to elapse; we now usually repeat the quinine in doses of 5 to 10 grs., in proportion as the pulse may have been reduced, until 35 to 40 grs. have been administered, and the patient is then left at rest.

According to my experience, the chill cannot recur whilst the patient is under the influence of the above quantity of the alkaloid; the fever may, however, continue, but usually in a very moderate degree. Should this be the case, the local bleeding is repeated in the evening exacerbation, and calomel, in small doses of 1 or 2 grs., with ½ to 1 gr. of ipecac, or 2 grs. of Dover's powder, is given every one or two hours. After midnight the quinine is repeated in the same manner, or in lesser quantity, (in direct proportion to the degree of fever present,) until the period of chill has passed, when all medicine is again suspended. It is rare, indeed, that cases thus treated in the early stages, do not exhibit the most flattering amendment on the day succeeding the first night on which this plan is adopted; and still more rare, that every dangerous symptom has not disappeared on the succeeding day. Should the pneumonic symptoms, however, persist, the mercurial should be continued until its constitutional effects are produced. In some cases, where the arterial action is not disposed to yield, and the dyspnœa continues, I have ventured on the use of tartar emetic in small doses, in union with quinine. I am indebted to Dr. Blakiston for a knowledge of the value of this combination. The antimonial should, however, be carefully used; and it is better to commence with a minimum dose of 1-10th or 1-12th of a grain, to be gradually increased as it may be borne. I think it proper to say, too, that the gastric irritation and tendency to diarrhea, so often present in this disease, contra-indicate the employment of tartar emetic, generally. Whether alone or in combination, the quinine should, however, be continued for several days after the active symptoms have disappeared. Blisters may be employed at almost any stage of the affection, but under this mode of treatment may often be altogether dispensed with. Of course their use is preferable after the arterial action is moderated.

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*In the remittent fevers denominated pernicious peripneumonic, says Læennec, it may no doubt be sometimes necessary to bleed during a paroxysm, in order to prevent suffocation, but the utmost caution is requisite not to destroy unnecessarily the strength of the patient. We must ever keep in mind that blood-letting cannot cure a disease which will certainly return after a few hours with fresh violence, and of which experience has long since demonstrated bark to be the only remedy. Op. Cit. 253.

We could say more, but we have already, we fear, outwritten the patience of the reader. That which we would add, would, however, be chiefly an extension of our views in regard to the use and action of quinine. But mark the prophecy! Howsoever much may have been written, the category of diseases has only been commenced, which yet will yield to its sway, whose destiny is not only to remove, but to unveil, perhaps, the essence of morbid action itself. Mysterious, wondrous, potent gift to humanity, more precious than the gold or gems of the sunny land beyond the burning zone, decked by thy imperial flowers! Minister and missionary of Nature! Science places an illuminated crown upon thy snow-like brow, and proclaims thee sovereign Queen of the vast medical realm! Of old the Magian would have bent in adoration before thee, whose powers, surpassing the results of reason and the inspirations of genius, eclipse in certainty, celerity, and brilliancy, the fabled incantations of magic!

OTIS FREDERICK MANSON.

GRANVILLE COUNTY, N. C., April, 1857.

EDITORIAL AND MISCELLANEOUS.

Medical Schools—No. 6.—*The American Medical Association and Medical Education.*—We have heretofore adverted to the true nature of the American Medical Association, its recommendations to schools and the profession at large, and the extraordinary and unreasonable differences which exist between it and the Medical Schools. Were we to attempt a revision of the thousand and one schemes that have been put forth from all quarters for effecting reform in the system of medical education in this country, we should certainly write a volume; but this is not our purpose. We come at last to the point of offering a few suggestions to all interested in this important subject, and more especially to those individuals who compose the two committees on medical education, under the authority of the Association. And here we may remark, *en passant*, that it appears to us rather a strange incongruity—this appointment of two committees by the same body, to report on one and the same subject. Such are the blunders which inevitably lead to dissatisfaction and trouble. If the committee first appointed failed to come up to the requisitions of the Association, then discharge them formally, and appoint another; but as the matter now stands, we have two committees, with equal powers, to transact the same business, and next spring we may expect to have no little trouble. And again, at this present writing, (Aug. 7th,) three months after the adjournment of the Association, we have authority for saying that all the gentlemen appointed on the new committee have not been officially advised of their appointment, and are consequently doing nothing. But this is no business of ours.

In the first place, then, we ask the question—Will the American Medical Association rally to the support of such Medical Schools as most fully enter into the spirit of her recommendations? Or, will she again make a grand parade of her good intentions, seduce one or two schools into fulfiling her schemes, and then leave them the bag to hold? Is she determined to play *false or true?* She must not be surprised at these questions. She has once forfeited her claims to confidence, as we have shown in the case of the University of Pennsylvania and the College of Physicians and Surgeons of New York, and those who naturally, and in purity of motives lean *towards* her, must *know* that they can also lean *on* her. Is she really the sacred temple of wholesome reform, under the roof of which all sincere men may safely rally for the promotion of a good and a great cause? Or is she a mere temporary play house, on the stage of which ambitious and time-serving office seekers are the flickering stars, and good men the mere stock company to show them off? If the American Medical Association chooses to properly assert her dignity, she is the great tribunal from which there can be no appeal. She is a tower of strength, because "money is power," and she holds within her grasp this money. We say it now, and we say it ever, that until her lever of gold is properly brought to bear, the weight which bears medicine down in the scale of professions can never be removed. As long as avarice and indolence are traits of human character, it will be the disposition of man to retrograde where these traits are not neutralized by competition and reward for all efforts he may make to advance. Suppose the American Medical Association had sent the University of Pennsylvania seven hundred students the very first term after she adopted the extension of the lecture season, does any reasonable man doubt that her rivals would have followed in the reform? Why, they would at once have been willing to make the term even *seven* months—*anything* the Association might propose. This is a self-evident proposition. No matter how well organized a medical school may be, it must have the patronage of students, or it cannot exist. The Association—the people—have entire control of these students, she can send them where she pleases, and she can thus force acquiescence to her wishes. This is lifting with the golden lever; this is playing on the money-chord; lift hard and play loudly then, say we, and reform is the inevitable result. Ten years of drivelling appeals to the *morale* of men is trial sufficient; the tactics of the Association must be changed.

At the same time, another very interesting question arises. In what shall consist the required reform? For ourselves, we confess that we have been both surprised and amused at many of the schemes emanating from our medical journals and other sources, and we are really fearful that, in the over-anxiety to do good, our committees may be led into such radical, ruthless reformatory action as will tend to injure rather than benefit the cause. One man is for getting up a grand "National Medical University," at which all the medical students may congregate; and, of course, this mammoth is to be planted *North* of Mason and Dixon's line, as the South can afford no hospital or anatomical material. Another is for establishing a "collegiate year, with terms and vacations of appropriate length," and, of course, no reasonable man supposes that such an institution can be established in either Charleston, Augusta or New Orleans, as students will not frequent those places in summer; and thus the North would again be the "lucky dog." Another is for making a clean sweep of every thing we now have, and beginning anew on the *European plan*—perhaps even requiring that our lectures should be delivered in French, or some other continental language. Another is for having power from Congress to establish a national aristocratic mill, through which every man must pass who can afford to pay toll, and he who cannot, must stand back and make room for those who can. And thus they go, head over heels, hurly-burly, each one anxious to immortalize himself, all in labor and anxious to be delivered, and when delivered, all surprised at their miserable abortions.

For the life of us, we cannot conceive what more should be required of the medical schools than *radical improvement* of the course now pursued. All respectable schools teach Anatomy, Physiology, Surgery, Obstetrics, Practice, Materia Medica, and Chemistry; but they should be required to teach these more thoroughly, and to teach another branch which is now only known in their circulars, viz: Diseases of Women and Children. Anatomy is not taught as it should be—1st. Because schools are located where there is little or no material. 2d. Because the student is *required* to take the dissecting ticket but once, when it is utterly impossible that he can learn the subject practically in one term. He should be required to take the ticket at least two seasons, and then he should be made to dissect. Physiology is not properly taught; as it is, the student can learn more from his books than he can from the lecturer. Experimental, microscopical and clinical physiology must be taught by the lecturer. If men in this country would teach the branch properly, our students who have ample means would not be forced to spend the same in running over to Bernard and Robin, and those who are poor would get their *quid pro quo* at the regular lectures. Surgery is not properly taught; no professor of surgery can do justice to his class without a good hospital, with plenty of patients and ample dead material. Practice of Medicine is not properly taught—1st. Because few of the schools have hospital material with which to demonstrate disease. 2d. Because it is utterly impossible, (and we say it without fear of contradiction,) for one Professor of Practice to properly perform the duties of the chair. Chemistry is not properly taught, because, instead of a course of absolute medical chemistry, which is sufficiently extensive in itself, and indispensable to the student, we see the greater part of the season consumed in lecturing on blow-pipes, magnetic machines, magic lanterns, etc.

And thus might we go on through the whole list of branches, but it can scarcely be necessary. The whole gist of the matter lies in the fact that all, (or nearly all,) the branches are taught, but none of them are properly taught. We want more time in which to teach all these various branches which go to make up the sum total, called Medicine; and then we want the manner of teaching them *improved.* We want Medicine, Surgery, Obstetrics, Physiology, all practically taught. We want the great subject of Practice of Medicine, (under which head properly belongs Diseases of Women and Children,) so subdivided that those to whom the work is assigned can perform it. We want *daily bedside teachings.* It is impossible that the student of medicine can learn the *practice* of his profession from so called clinical lectures, delivered in an amphitheatre twice a week. He must *feel* the pulse if he is to know what the words *full, soft, hard, wiry, thready, bounding, flickering,* etc., mean. He must *feel* the skin to know when it is *harsh, soft, moist, hot, cool,* etc. He must *hear* the *râles* of chest and the sounds of the heart; in fine, he must visit the sick man *daily,* if he would properly appreciate his condition, his wants, and the action of medicines.

Such are some of the *real wants* of the student; and if of the student, then of the Association, and of society at large. We want no *European plans,* no national medical absurdities; improve the present system and our wants are supplied; attempt anything else, and failure will be the result, while our wants will thenceforth increase.

The way of the Committees, and of the Association, then, seems to us clear as the noon day sun. Cool, calm, sober reflection is bound to show them that the present plan is good, only it requires *expansion.* The house was built when the family was small; but its foundations are solid and its walls thick enough to bear any reasonable super-imposed structure. It must be better, then, to build up and to branch out, than to tear down and begin anew. Let the Association say that schools must be located where there is material with which to teach medicine properly; in other words, let her resolve to patronize such, and such alone, and there will soon be no other schools. Why do men continue to prate and complain about imperfectly educated physicians, about *cheap* schools (when a course of lectures is sold for $50 or $60,) or even *free* schools, and all the other so called evils of the day? One good lift at the wheel is worth all the complaints that ever were uttered. Let the medical societies all over the land resolve that they will not send their pupils where medicine is thus cheapened like eggs in market, and that they will patronize only those schools which can afford the student all that he requires. Then will we see the most wholesome rivalry existing amongst the best schools, while others will become extinct. Once again, we say, the patronage is in the hands of the people, and it is the great broad-sword with which they can cut their way to reform.

But there is another question of much interest to all concerned. We hear, every day, complaints that the schools will graduate young men whom they either know or do not know to have been studying for only one or two years, and that they are thus false to their requisition of three years' study. Now, if the "people" will but reflect one moment, they will at once perceive that little, if any, blame attaches to the schools on this score; and the evil lies properly at the doors of *preceptors*, who, while they are fully informed as to the real length of time during which their pupils have been engaged in their studies, will actually send them to the schools for the purpose of graduating prematurely. It is utterly impossible that any corps of professors can be intimately acquainted with the previous history of each of the hundreds of students who flock to the lectures from all parts of the country; they are obliged to take the word of the student who applies for the degree, and we all know how often they are deceived. Private preceptors have the remedy for this evil in their own hands. In the first place, all students of medicine should be required to have preceptors, and then the applicant for the degree should be required to present the certificate of his preceptor, as evidence of his having completed the term of study. While we attach much more importance to the proficiency of the applicant for the degree, than to his mere term of study, still we are willing to yield the point, that the three years' term is limited enough, and that a young man well qualified to practice his profession within this term, is really an exception to the rule: we have seen a few such, and do not hesitate to say that the efforts of such young men to advance themselves should be encouraged rather than frowned on.

The truth of the matter is, all students of medicine should be required to have private preceptors (except in cases where a young man locates himself in the atmosphere of a good hospital from the beginning, and pursues his studies under the eye of the professors themselves), and these preceptors should be required to teach their pupils something. The pupil who pays his $100 per annum for the privilege of reading and making pills, in a country practitioner's office, derives little in the way of *quid pro quo;* and then, if he is allowed by this practitioner to apply for a degree when he has been studying, or reading, but eighteen months out of the required three years, both he and the school to which he is sent are badly treated by the very man who should have been the jealous guardian of both. And yet these are the preceptors who are continually calling for *reform.*

Again, the "people" are unmerciful in their attacks on the schools for admitting to their lectures and graduating young men who are deficient in preliminary education. Here, again, we do not hesitate to lay the evil at the door of the "people" themselves. Very few young men undertake the study of medicine without the advice of one or more medical friends; these same friends are far better acquainted with the acquirements of the young man than professors of the schools can possibly be, yet they encourage him to enter the ranks, send him to the lectures, and then complain because the degree is conferred on a man without preliminary education! We say that the people have the remedy in their own hands. If they want highly educated physicians, let them not send ignorant men to the schools. Medical schools are intended to teach medicine, and not Latin, Greek and mathematics: when the professor labors to thoroughly instruct his pupils in the branch assigned to him, he has fulfilled his obligations.

But a very interesting question arises here. We hear a great deal of complaint about physicians without preliminary education—about what are called *ignorant* medical men. Now, certainly no one can be more fully alive than we are to the great importance of education, and we would be the last to say one word which might tend to diminish the general appreciation of the priceless boon; but we think there is a little vein of madness amongst the people on this subject too. There is a great difference between that which a physician *must* know, and that which he *may* know, in order to be useful to the community in which he lives. Prof. Hartshorne, in his late handsome introductory lecture, has drawn this distinction most beautifully. There are certain things which a man *must* know, to be a physician—and these he *can* know, without having been the recipient of a really good preliminary education; and then, again, there are things which a man *may* know—and which he with the good preliminary education alone *can* know—in order to be far more useful, and at the same time ornamental to society. Now, we argue that in this country, for a long time to come, there must inevitably be these two classes of physicians, and any medical college that may be established will be forced to send out graduates of each kind. We have a vast territory, with an ever-rolling tide of emigration westward; the pioneers of this frontier country are, in the nature of things, laboring people, and people of small pecuniary means; they cannot afford to send their children far back to the East to be educated, and the educational institutions of their own country are both few and imperfect. For these same communities physicians are requisite, and from amongst themselves the people choose those who shall be prepared for the purpose. The city-reared physician is in no one particular suited to the arduous life of a country practitioner in the far West; all his tastes and inclinations run in another channel, and he rarely has the proper physical capacity, even were he prompted by necessity, to undertake the duties. The question arises, then, whether we shall admit to our lectures and to our degree the man who knows little of Latin, Greek, mathematics and astronomy, and prepare him as thoroughly as we can for the practice of medicine; or shall we close our doors on all such, and doom their communities to be preyed upon by quacks and charlatans? There seems to us but one reasonable answer. It *must* be better to teach these men all we can, and to instil them with a proper appreciation of the great responsibility they are assuming, as practitioners of the healing art. It is far better that they should be within the fold—honorable and conscientious practitioners of medicine—than to force them to be quacks and impostors. Every observing man in the Western country knows that some of the most successful practitioners, in all our ordinary climatic diseases, are the men who know nothing of Greek and Latin, and little of the other branches of a refined education. These men are, by nature, endowed with a full share of common sense; they have strong powers of observation, and they make exceedingly useful members of society. At the same time, too, they have a clear appreciation of their own acquirements, and, while they will boldly and successfully encounter a "congestive fever" or a "bloody flux," they will refrain from operating for cataract, or for stone; and they will gladly and frankly advise such patients to seek assistance at the hands of those more competent to give it.

We are no apologists for ignorance, then; on the contrary, we are the warmest advocates of the most liberal system of education, inasmuch as education alone elevates a man in our republican country. But we must contend, that it is but the part of common sense to infuse all the knowledge we can into every man whom we find intent on pursuing the profession of medicine. This is the duty of the professors in schools of medicine. Let preceptors, let the "people" look to it that they send us their best men. We conclude by saying, now and forever, that we are for real reform in medical teaching; the school to which we are attached gives substantial evidence of the truth of this; but, at the same time, the "people" have their duties to perform. We now pause to see whether the American Medical Association will be true or false to her real friends.

SECTIONALISM AGAIN.—In our July number we offered some remarks in relation to Female Doctors, and, as an excuse for the Massachusetts Legislature's endowing their Female Medical College, despite the Governor's veto, we reminded the reader of the universally admitted fact, that this Legislature is,by all charitable men deemed *non compos mentis* at the present time. At the time we wrote we really had not North and South in our mind, but were endeavoring to excuse the folly of what should be a body of intelligent men.

But the Buffalo Medical Journal finds in our remarks "a fling at the North, which had better been omitted; for the bitterness of sectionalism has no excuse in a scientific journal."

Our confrère sees remarkably well, and yet we are sure he has but one eye, as we cannot otherwise account for his failing to condemn some 'flings' in his northern journals which have no parallel in the history of medical literature. Let him, for instance, look back into the Brooks and Sumner affair. If the beam had been plucked from your own eye, neighbor, you would not have imagined a mote in ours.

PROFFESSOR GIBSON AND CRAWFORD, THE SCULPTOR.—Every zealous medical man knows that there are real pleasures connected with the practice of our profession, and we all know but too well that our cares and disappointments are but too many: but it is fortunately seldom that this our world, cold and selfish as it may be, heaps injustice on the grey hairs of most highly honored representatives, and causes their hearts to throb with chagrin and regret as they totter towards their final resting place. A long life-time diligently spent in the close study and successful practice of our noble science and art should be a sacred badge which every good man would surely respect.

These are reflections induced by reading a communication from Prof. Wm. Gibson, in the Medical News and Library, on the subject of his professional connection with the case of Crawford, the Sculptor, together with his correspondence with some of the chief surgeons of Europe in relation to this subject. It seems that Prof. Gibson *gave* his services to Mr. Crawford in Italy, and that, while attending him, he introduced an exploring needle behind the eye for the purpose of ascertaining the true nature of the disease. Suffice it to say here, that Mr. Crawford's disease turns out, as Dr. Gibson predicted, malignant; and now *Mrs.* Crawford declares that Dr. Gibson changed a benign disease into a malignant one by introducing the exploring needle! ! But Dr. Gibson adduces the opinions of Velpeau, Nelaton and Desmarres to the effect that such an effect could not have been produced by such a cause. This he does to exonerate himself before his professional brethren. Of course he does not enter into controversy with Mrs. Crawford. *Sic transit gloria mundi*! We will venture something handsome, if the truth could be ascertained, some quack (may be Dr. Fell) stands behind Mrs. Crawford.

THE ERIE COUNTY MEDICAL SOCIETY—*Dr. Hill and Judge Marvin.* Dr. Hill, a member of the Erie County (New York) Medical Society, having forfeited the confidence of his professional brethren by accepting the position of physician to the poor house, at a price below the minimum fixed by the Society, was duly expelled therefrom. In the independent spirit, now far too prevalent in all classes at the North, he appeals to the court of law to overrule this wholesome regulation which he has pledged himself to his brethren to observe, and Judge Marvin, of the Supreme Court, issues a mandate that he be forthwith received back into fellowship with honest men.

Now, were this *our* Judge Marvin, we should set him down in print as either a knave or a fool, to say the least of him; but he is a northern judge, and for fear we shall be accused of "Sectionalism," we will say nothing.

DISEASES OF WOMEN AND CHILDREN.—The Western Lancet quotes some of our late remarks on this important subject, and observes—

"It is with no little satisfaction that we are now enabled to inform our brethren of the Crescent City, that the Medical College of Ohio has at last made ample provision for teaching the medical student the diseases of women and children. The remarks of the Gazette must receive the approbation of every intelligent practitioner."

And now our triumph begins. Not the bloody triumph of the warrior, whose exultation is measured by the number of the slain and the heaps of spoils; but the secret satisfaction of having initiated a great and good reform which must enure to the benefit of the best portion of sufferings humanity. We predict it now, that five years will not elapse before the diseases of women and children will be *taught* in every respectable College in the land. We congratulate the Medical College of Ohio on being the first to follow the good example of the New Orleans School of Medicine.

We copy the following touching lines from the St. Louis Medical and Surgical Journal. They are said to have been left on the table of Dr. C. A. Pope, by a patient who was about departing for Niagara, "where the water runs down hill, with nothing on earth to hinder it."

"When sorrow's cloud is cast athwart
The sunshine of my mind,
When I, with gloomy care distraught,
No recreation find;
When sighing o'er my hapless lot,
And what I used to be—
I'll seek some quiet, tranquil spot,
And pass a small bougie.

Let strictures on my conduct pass;
Unnoticed let them be:
A stricture somewhere else, alas!
Is more deplored by me.
In hope that blight on manhood's bloom
I yet effaced shall see;
I'll hie me to my quiet room,
And pass a small bougie.
Good bye."

SINGULAR CASE OF LACTATION.—The Virginia Medical Journal report a case of free lactation in an old woman, induced by a grandchild, who had lost its mother, sucking the nipple at night. It is seven years since the old woman had a child, and she is now suckling abundantly. She is to be seen in Richmond, Virginia.

Higher Law Results.—In the true higher law spirit of the age, the Board of Health of Chicago have recently inaugurated their New City Hospital by appointing a "Homœopathic Medical Board" and an "Allopathic Medical Board"—the object seeming to be to test the relative merits of rascality and true science (though, of course, no *physician* acknowledges the true "Allopathic"). Amongst the appointees was Prof. N. S. Davis, editor of the Northwestern Medical Surgical Journal, as "consulting physician to the *Allopathic* Medical Board;" but, in the spirit of a scientific physician, he respectfully declines the appointment, on the ground that he belongs to no special *pathy*, and will have no hand in making the sick poor of Chicago subjects on which to test the merits of the various *pathys* and *isms* of the day.

You are are right, Dr. Davis; but is it possible that your brethren will not follow your example?

To Our Subscribers.—Within the past two months we have sent out to our country subscribers bills to the amount of about $2,500. How slowly they respond to our reasonable demand may be seen by reference to our published list of receipts. Once more we tell those who have been reading our journal gratuitously during one to three and half years, that we are not only furnishing them a journal, but *we are absolutely paying for the publication of the same from our private purse.* Laying aside all consideration of professional *esprit du corps*, we think the dictate of common honesty would correct such a state of affairs as this. Those of our patrons who have paid us regularly can, of course, see nothing offensive in these remarks; and those who are in arrears must pay before they get mad.

Professorial Changes.—In our last issue we announced the resignation of Prof. Huston, of the Jefferson Medical College. Prof. T. D. Mitchell, of Philadelphia, has been elected to fill his place. Prof. S. G. Armor has resigned his chair in the Medical College of Ohio, and has accepted the chair of Pathology and Clinical Medicine in the Missouri Medical College.

BOOKS AND PAMPHLETS RECEIVED.

"Elements of Pathological Anatomy. By Samuel D. Gross, M. D., Professor in Jefferson Medical College, etc. Third edition, modified and thoroughly revised. Philadelphia: Lea & Blanchard."

"Manual of Physiology. By William Senhouse Kirkes, M. D., F. R. C., etc. A new and revised American edition, from the last London edition; with two hundred illustrations. Philadelphia: Lea & Blanchard, 1857." A capital book and well adapted to the use of students of medicine.

"Transactions of the Eighth Annual Meeting of the Medical Society of the State of North Carolina, held at Edenton, N. C., April, 1857." We have been much interested in the perusal of these Transactions, and elsewhere in our pages will be found the best evidence of our high opinion of them.

"Committee's Report on the yellow fever at Norfolk in 1855."

"Mortality Report of the Board of Health of the State of Louisiana, for the first six months of 1857." To Dr. H. D. Baldwin, the efficient Secretary of the Board of Health, we are indebted for a copy of the above valuable Report.

"Therapeutic Cultivation; its Errors and its Reformation: An Address delivered to the Tennessee Medical Society, April, 1857. By E. B. Haskins, M. D., President." A very interesting paper.

"An Address delivered before the Medical Society of the State of Pennsylvania, at its annual session, held in West Chester, in May, 1857. By R. LaRoche, M. D., President of the Society." Quite an able address, but we think Dr. LaRoche must have "got up backwards" on the morning of its composition, as he "pitches into" every thing promiscuously. Such men as Dr. LaRoche can do a great deal of good in the way of reform, if they will only hold their temper. The paper before us is spoiled by its ultra tone. If we had written it, the northern journals would have been sure to have attributed this characteristic to our youthful impetuosity. If we are not mistaken, Dr. LaR. is rather our senior.

In addition to the above, we acknowledge the receipt of the Annual Circulars of the University of Pennsylvania, the Jefferson College, the Philadelphia College of Medicine, and of the University of Louisiana; as well as Catalogues of Medical and Surgical Works of Lea & Blanchard and Lindsay & Blakiston.

"Transactions of the Indiana State Medical Society, at its Eighth Annual Session, held at the City of Indianapolis, May 19th, 1857." We have been most highly interested in the perusal of this pamphlet, and we make elsewhere some copious extracts from it.

HEALTH OF OUR CITY.—We have now passed through all the summer months, and it is our blessed privilege to be able to record the uninterrupted health of the city. Up to the present date (Aug. 30th) we have had no yellow fever nor epidemic disease of any kind; and our city has been as healthy as any of the Northern cities to which our citizens flock in thousands "for the benefit of their health."

Report of Deaths in the City of New Orleans, from the 19th day of July to the 23d day of August, 1857.—From the 19th to the 26th day of July, 117 deaths; men, 28; women, 19; boys, 39; girls, 31; colored persons, 28.

From the 26th day of July to the 2d day of August, 111 deaths; men, 29; women, 15; boys, 39; girls, 28; colored persons, 18.

From the 2d to the 9th day of August, 98 deaths; men, 19; women, 24; boys, 33; girls, 23; colored persons, 16.

From the 9th to the 16th day of August, 74 deaths; men, 16; women, 16; boys, 21; girls, 21; colored persons, 16.

From the 16th to the 23d day of August, 97 deaths; men, 26; women, 21; boys, 23; girls, 27; colored persons, 14.

Total deaths for the five weeks ending August 23d, 497. Men, 118; women, 95; boys, 154; girls, 130. Under 1 year, 166; from 1 to 2 years, 29; over 60 years, 29. Fevers of all kinds, 19; yellow fever, *none.*

LIST OF PAYMENTS—*To August 25th,* 1857.—Howard Smith, $5, 1857; H. Bouldin, $5, 1857; F. Johnson, $5, 1857; R. B. Shields, $5, 1857; W. R. Horn, $10, 1856–'57; John Butts, $10, 1856–'57; A. H. Cage, $5, 1857; H. VanAntwerp, $5, 1857; J. A. Dardeme, $10, 1856–'57; W. J. Courts, $5, 1857; L. P. Conner, $5, 1857.

NOTE.—In Hospital report of a case of pneumonia, read *Dover's powder* instead of *ipecac.* Owing to unavoidable circumstances, this and some other little errors have not been corrected.—EDS.

EXCERPTA.

RHEUMATISM—PNEUMONIA—SCARLATINA—TYPHOID FEVER—INTERMITTENT FEVER—DELIRIUM TREMENS.—The most important discovery ever yet made in the treatment of *Acute Rheumatism,* is that of giving alkalies in that affection; it often shortens, and, I think I may say, cuts short the disease in a very few days. But it should not be expected to supersede the occasional use of the lancet, calomel, purgatives, opium, colchicum and tonics.

Another most important innovation in the treatment of disease, is that first introduced by the Dublin physicians—of giving *quinine* in pneumonitis. Ten or twenty years ago, the lancet, tartar, calomel and blistering, with starvation, were the *alpha* and *omega* of its treatment; and we were accustomed to see almost every case of this kind prostrated and dangerous, the subjects of it barely escaping with their lives; convalescence exceedingly slow and uncertain; relapses not uncommon. For two years past, during the latter part of winter and spring, I have treated many well marked cases of the disease in question, and speedily cured them by quinine. I am aware that it was in *typhoid* pneumonia the quinine was at first recommended: I have never seen any other kind, or, I will say, that in every case I have ever seen of frequent cough, difficult breathing, bloody or rust-colored sputa, pain in the chest with fever, a quick pulse, and thirst, I have seen the patient *prostrated, stupid, delirious,* with a *dry tongue,* and dry skin. In short, there was undoubtedly pneumonitis—and if there were not *typhoid* symptoms, I was clearly mistaken. You know how we used to treat them. I have also tried Dr. Todd's method: giving ptisans, acetate of ammonia, soups and wine, without any definite results, but would prefer it to the tartar treatment. It might be necessary to commence the treatment by venesection, an emetic, a cathartic, or to use leeches, or cup; yet not invariably so. But I would always, either with or without premising these means, according to circumstances, *give quinine,* and I always, nearly, combine capsicum with it—from three to five grains every three hours. From such treatment I have as yet seen but one result—a speedy cure. Many a one has been lost, under tartar and calomel, that could have been saved by quinine.

Of *scarlatina* I have never seen a case that would bear active depletion with impunity. The brain and nervous system are overwhelmed by a poison, introduced into the blood. Blood-letting, antimonial emetics, strong cathartics, and gruel, are, in my judgment, *complications* rarely recovered from. Free ventilation, a *mild* emetic, in the commencement, an occasional *mild* cathartic, alcoholic stimulants, and good nourishment, are the best rational means we possess—the alcohol probably acts as an antidote, and upholds the vital powers whilst the poison is passing off.

Typhoid Fever is contingently contagious; cannot be arrested by treatment, any more than measles or small pox; there is a poison in the blood, which produces the well known symptoms of deranged functions of the brain and nervous system; it lasts longer in some than in others, or from three weeks to three or four months; it rarely, if ever, occurs a second time in the same individual; it is generally attended by an eruption, which is usually preceded by catarrhal symptoms, both of which resemble measles. It is a disease of the blood, the brain and nervous system, implicating the whole system, not alone Peyer's glands. *Fresh air*, nutritious soups and slops; very early, an emetic of wine ipecacuanha; if necessary, a simple cathartic; throughout the disease alcoholic stimulants and tonics; turpentine, opium and catechu for diarrhea; these are the only means to be used. Whenever we attempt to cut short the disease, we do mischief; we can no more cut it short than we can cut short measles or small pox. Alcohol is probably an antidote for the poison in the blood.

It always excites my surprise when I hear of physicians trying to cure *intermittent fever* with any thing but quinine; sometimes—not invariably—it is proper enough, in the commencement, to give an emetic, followed, if need be, by a cathartic; but after that, all we want is quinine; from 15 to 20 grains suffices for a tertian; a quotidian often requires more, and a case of tremittent fever, an indefinite amount. It is never necessary to wait for an intermission before commencing the quinine; it does not aggravate a paroxysm of fever; it calms and reduces it; it is not capable—in malarious fever—of acting as a poison; yet there is no benefit derived from giving more than three to six grains.

In *delirium tremens*, where opium fails to have the desired effect, chloroform, given internally, in half drachm doses every two or three hours, acts specifically, in many cases, in procuring sleep. I would not give it in these cases, under any circumstances, by inhalation. I have, it is true, seen it act like a charm in calming nervous excitement, in some cases; I have also seen it destroy life in the same kind of cases; and I have no doubt but it is peculiarly dangerous to give it, by inhalation, in the disease in question.—*Transactions of Indiana State Medical Society.*

A Double Uterus—*By William Garwood, M. D., of St. Louis.*—I recently met with a young married lady who had two wombs, two uterine apertures or mouths, and two vaginas. A mucous membrane formed the vaginal partition, and extended throughout the canal. The mouths of neither womb were encircled by a neck, but were simple apertures like ragged bullet holes through an even surface. From medico-legal circumstances, it was essential to know if she were in a family way. Sudden pressure on the womb could not detect the presence of a falling body, so there was introduced a male catheter to sound the dimensions of the supposed pregnant chambers. This method is of especial value in primiparous cases; in subsequent pregnancies it is more doubtful. Both she and her husband directed attention to the *right* channel, that being the avenue wherein they had *always* indulged with each other, but the cavity had only a virgin size. The left womb was then examined and found to contain a fœtus of apparently three months' advancement. (Will the generally received theory of conception account for the impregnation of the *left* cavity, when affected by coition on the *right?*) The two wombs were separated by a dividing wall, and with such manipulation as was resorted to, there could be perceived no communication between the two. During menstruation, the blood flows sometimes from one passage, sometimes from the other, and sometimes from both. She knows no other of her relatives to enjoy this uterine eccentricity.—*St. Louis Medical and Surgical Journal.*

Case of Death in Connection with the Use of Chloroform. *By A. H. Buchanan, M. D., Prof. of Physiology and Surgical Anatomy in the Medical Department of the University of Nashville. Read before the Tennessee Medical Society.*—I was requested by Dr. R. C. K. Martin, of this city, to examine a large tumor situated on the outside of the thigh of a negro woman, and, if thought advisable, to remove it. After a thorough examination of the tumor, it was agreed in consultation to extirpate it. To this decision the woman readily consented, as the tumor had troubled her for the last three years, and of late was rapidly increasing in size, and at times quite painful; she also cheerfully agreed to take chloroform, which was confidently recommended to her, as there seemed to be no constitutional infirmity to prohibit its use. The woman appeared to be in very good health, the mother of two children, and supposed to be about thirty-five years of age. The following gentlemen were present, and kindly assisted me in the operation: Drs. Martin, Mayfield, Nichol, Lewis, Smith, and Mr. Jones, a medical student. The chloroform used was obtained from Mr. Brown, one of the best apothecaries of the city, and from whom I have generally obtained all heretofore used in my practice, and without injury; it was therefore believed to be pure. Dr. Nichol was requested to administer the chloroform, with the use and effects of which he was quite familiar, having previously administered it in many cases. The woman laid down quietly on the table, and all things being ready for the operation, Dr. Nichol proceeded to give the chloroform in the usual manner, by pouring a small quantity upon a handkerchief and holding it over her nose and mouth, occasionally removing it in order to give free admittance of atmospheric air. Dr. Martin held his fingers upon the woman's pulse, and in a few minutes the ordinary effects of the chloroform were manifest, and there being nothing in the woman's pulse or respiration to excite alarm, I proceeded to make an incision over the tumor about ten or twelve inches in length. Large veins coursed over and through the tumor, and the incision was followed by a free discharge of venous blood. Another incision or two passed through the *fascia lata*, and part of the *vastus-externus* muscle, which exposed the tumor, the largest portion of which was now readily separated from its connections by the handle of the knife and fingers, and without much hemorrhage.

About this time in the progress of the operation, which so far had occupied four or five minutes, the woman became sick, and freely discharged the contents of the stomach. In another minute or two the attachments of the lower end of the tumor were separated by the cutting edge of the knife, when a very free gush of venous blood occurred. Sponges were pressed upon the bleeding veins by the assistants, and with a few more strokes of the knife, the attachments of the upper end of the tumor were separated, which occasioned more hemorrhage. At this time Drs. Martin and Nichol remarked that the pulse was very weak—scarcely perceptible—and in another moment there was no pulse. The pupils were dilated, the jaws were firmly closed, respiration suspended, and the woman appeared to be dead. Artificial respiration, the admission of free air, stimulants under the nose, dashing cold water on the face, and all the usual means of restoring life under such circumstances were resorted to as rapidly as possible, and persevered in for fifteen or twenty minutes, but all of no avail, for by this time the woman's jaws had fallen open, and she was completely relaxed—in short she was really dead.

The time occupied in the extirpation of the tumor was supposed to be by all present, about eight or ten minutes. The amount of chloroform administered was not over the usual quantity. The amount of blood lost was supposed to be at least two pints if not more. The blood lost was chiefly *venous.* But one small artery required the ligature. The tumor had very large *veins* and *sinuses* coursing over and through its substance. It is twelve inches in its long, and five inches in its transverse diameter, and weighs about four pounds. The Society can examine the tumor, which is on the table. I call it a *fibrocistic* tumor. By splitting the tumor partially, the cysts occupying its interior were found of various sizes, from that of a duck shot to an almond, and all filled with a gelatinous ash colored matter, the interstices being occupied by a dense fibrous and fibro-cartilaginous tissue. Numerous large and small blood-vessels coursed through its substance.

Remarks.—My opinion is that this woman died from the combined effects of the chloroform and hemorrhage, and that the cause of death cannot be fairly attributable either to the chloroform or hemorrhage alone. But I would be pleased to hear the opinions of the gentlemen of the Society on this case, as well as on the dangers attending the use of chloroform. *Nashville Jour. of Med. and Surgery.*

FAT MEN.—Dr. Gross believes in an adipous diathesis, "nearly all the materials entering the circulation being converted into fat." He mentions the most remarkable cases of fat people known. Thus, the celebrated Pritchard, of Kentucky, on exhibition at Litton's Museum in Cincinnati, in 1834, who weighed 550 pounds; the Canadian giant exhibited in Philadelphia in 1829, weighed 618 pounds; Daniel Lambert, of England, 739 pounds; a German who weighed 800 pounds.

We desire to add to this list the case of a Tennesseean, Mr. Miles Darden. In the case of Mr. Darden every possible precaution has been taken to guard against error. We shall compile our facts from a letter of a neighbor of Mr. Darden, Rev. John Brooks, to the West Tennessee Whig. Mr. Brooks' veracity has never been questioned by any one.

Mr. Darden was born in North Carolina in 1798, and died at his residence in Henderson County, Tennessee, January 23, 1857. He was seven feet six inches high. In 1845 he weighed eight hundred and seventy-one pounds, and at his death a fraction over *one thousand pounds*, and was unquestionably the largest man in the world, and since " those days" in which there were giants, the largest man the world has produced. Up to 1853 " he was quite active and lively, and labored," after which, his fat increasing, he was compelled to stay at home or be hauled about in a two-horse wagon. It required thirteen and a half yards of flax cloth a yard wide to make him a coat. It required sixteen yards of cambric for his shroud, and twenty-four yards of black velvet to cover his coffin.—*Nashville Jour. of Med. Surgery.*

NEW VIEWS ON THE PHYSIOLOGY OF THE LARGE INTESTINE.—*By M. F. Colby, M. A. M. D., etc., Stanstead, C. E*—It is now more than eighteen months since I discovered the error in the received physiology of the function of the large intestine, particularly in that part of it called descending Colon, Sigmoid flexure and rectum. Everey day's observation since has confirmed me in the correctness of my views. Although I have not been able to engage in general practice, I have had numerous opportunities of testing them as to their bearing on pathology. The knowledge of the true function of the descending bowel does away with all the uncertaintity complained of by medical men as to the effect of cathartics, and more particularly of enemas, in many cases. A discussion took place in the Westminister Medical Society in 1833, which is reported in the London *Lancet.* The discussion developed one fact, that there was a consciousness among all present that there was something not satisfactory in the received physiology; which led of the question to the anatomists present, whether there was anything in the anatomical structure of the descending bowel which could operate as a valve?

I can demonstrate the received physiology of the function of the descending bowel to be untenable, and that it implies the charge that the Creator has left a defect in the organization of a particular part, which renders it inadequate to the performance of the function assigned it. My new physiological doctrine recognizes two distinct apparatuses, each possessing peculiar and distinct functions over and above what is recognized by the old system. These functions were supposed to pertain to that apparatus called the large intestine, and heretofore assigned to the function of organic life, assisted by the voluntary co-operation of the abdominal muscles.

As to the purport of my new physioliogical doctrine, I quote from lectures which I am preparing illustrative of the subject, the following recapitulation :—

1st. I assume that the organic function of the colon ceases at its left transverse extremity.

2nd. That the portion called descending colon and sigmoid flexure has a separate and independent function.

3rd. That this portion of the bowels is anatomically inadequate to the performance of the function heretofore assigned it.

4th. That this portion constitutes the link between the animal and the organic life. That it is possessed of both animal sensibility and contractility to such an extent as to entitle its functions to be considered those of animal life.

5th. That although it is to a certain extent subject to the will, and can be brought into action at any moment by it, yet it has an independent instinctive life which gives it an influence and a power which neither its organic or its animal life could give it.

6th. I assume the name of *curator* as proper to express its function; and as it is a dualite acting under its instinctive life, at times in a separate capacity, I give the name *curator superior* to that portion above the superior spinous process of the ileum, and which for the time is devoted to the functions of organic life; and *curator inferior* to the portion below, usually called sigmoid flexure—this for the time being devoted to the functions of animal life.

7th. That the *curator*, when acting as a unit, occupies the post of observation between the two lives. That it takes cognizance of the time when the digestion and the nutritive absorption is completed in the small intestine; that it then opens the ileo-colic valve, and at the same time by a suctive and expansive action it takes the fæcal matter from the transverse colon and conveys it to the rectum, which it aids the levator ani muscles to raise, and by a divergent action of its two longitudinal muscles it opens to receive the same. The *curator* by its instinctive power, recognises the fitness of the rectum to receive and expel the fæcal matter simultaneous to the opening of the ileo-colic valve; it also at the same time brings into action the abdominal muscles, by which the contents of the small intestine are pressed forward to supply the place of the refuse matter removed from the colon. Its office is therefore not only prehensile in taking the fæcal matter from the transverse colon and conveying it to the rectum; but it exercises the conservative function of keeping the ileo-colic valve closed til l such a time as the absorption of all nutritive matter from the contents of the small intestine renders its closure no longer necessary

8th. That the rectum is part of an apparatus which I call rectal, and which is wholly under the domain of the will; that it exercises the function of defæcation, and aids in that of urination and parturition. In its anatomical structure it is analagous to that of the upper part of the digestive tube with the difference of the reversion of the sphincters. It consists of the strongest muscular portion of the bowel; the rectum, with its muscles; the two sphincter, the levator ani, the coccygei, etc. The same looseness of the cellular tissue, which connects the muscular coat of the œsophagus, is found between these coats of the rectum.

9th. That the power of the will extends over that part of the digestive tube which extends from the mouth to within two or three inches of the cardiac orifice of the stomach; so also the power of the will extends from the external sphincter ani to within two or three inches of the left transverse extremity of the colon.

10th. That the rectum in that abnormal state which results from phlogosis of its muscular coat, has its contractility exalted so as to cause it to act antagonistically to the *curator*. This is the most frequent cause of constipation and its consequence. When this contractility becomes spasmodic this resistance leaves the *curator* to mechanical forces—hence results accumulations and distention of its weakened side walls. It is this abnormal state of the most sensitive part of the digestive tube which fills the hospitals with the insane. It is also in this state that the *curator*, by its instinctive life, acts as a dualite by a peculiar transposition which gives it a great power in overcoming the resistance of the rectum.

11th. The ileo-colic valve may have its functions supended by local disease, as well as by peritoneal inflammation; but the most frequent cause is the suspension of the function of the *curator*, which may arise from antagonism from the abnormal state of the rectum, or from a phlogosed state of its own mucous membrane. A sudden closure of the valve would cause tympanites, ileus or strangulated hernia. A weakened or too active state of the valve would result in emaciation from the premature passing of the nutritive matter.—*Montreal Medical Chronicle.*

Use of Chloroform in Retention of Urine.—An intemperate cabman, aged 52, was admitted into a medical ward at Guy's a few days ago, on account of chest symptoms. It appeared that he had had gonorrhœa twelve years before, and had ever since had more or less difficulty in passing his water. After having been in the hospital nearly three weeks, he was seized with retention of urine. The dressers and house surgeon made patient and repeated attempts to pass a catheter, but without result. There was little doubt that the stricture was a permanent one, which had been closed by inflammation. In February the retention had become complete for two days; the symptoms were becoming very urgent, and Mr. Cooper Forster was accordingly called to see him. Opium had been most freely given. Having failed in persevering attempts to introduce a No. 2 catheter, Mr. Forster determined to administer chloroform, and, if needful, to puncture the bladder by the rectum. When completely insensible, another trial was made with a No. 3, which now passed most readily. We cite this case as important, because it proves beyond dispute the influence of the anæsthetic state in relaxing an otherwise impermeable stricture. An opiate treatment had been fairly tried before, and had failed, and the catheter had also been found useless in the hands of several well practiced surgeons. The plan of administering chloroform in cases of obstinate stricture and retention, is one in wide use, both in hospital and private practice; but, as it is not yet in such general favor as it deserves to be, we have thought that so pointed an example of its advantages might be worth bringing before our readers.—*Med. Times and Gaz.*

Conservative Surgery, and Diseased Metatarsal Bones.—The subjoined case well illustrates the good results often obtained by the application of conservative principles to the surgical treatment of diseases of the lesser bones. It is one in which some years ago amputation would have been deemed inevitable. A girl, aged 8, was admitted into Guy's Hospital, under Mr. Birkett's care, on February 24, on account of disease of the metatarsal bone of the great toe. It had been bad between two and three months. A short time after admission, she was taken into the operating theatre, and placed under chloroform, with the view to the making of exploratory incisions and proceeding as might be found necessary. There was much swelling, and several sinuses leading to exposed bone. On examination, the state of things proved as had been expected—there being necrosis without joint disease. The distal half of the metatarsal bones was detached at its epiphysis from the articular head, and above from the upper half of the bone. It was removed without any joint being opened. The girl, after only a short stay in the Hospital, left quite well, the wound being healed, and the toe only little shorter than the other. We do not, of course, mean to assert that in former times amputation was resorted to in all cases of diseased bone of the toes and fingers It is quite certain, however, that a great many such are now saved which would formerly have been sacrificed. To this end the use of chloroform has greatly conduced, since it enables the Surgeon to make exploratory incisions, and ascertain the exact condition of the bones prior to proceeding to amputation. We have repeatedly seen both fingers and toes preserved which, before the exploration, it had been quite intended to remove. These bones are so small that with much œdematous swelling about them it is very frequently impossible to tell whether or not the articular extremity is actually diseased. And on this point the whole question of treatment often turns. If the articular extremities are sound, the disease is usually a necrosis of like character with what occurs in the case of the larger long bones, that is to say, the periosteum is left, and a more or less perfect substitute shaft will eventually be formed. That the amount of new bone thrown out for purposes of repair is in the case of these much less than it is with the femur or tibia, must be admitted. The new shell is not only much less perfect, but it is formed much more slowly. In the majority of cases, however, it is ultimately formed to a sufficient extent to prevent much shortening of the bone. We have repeatedly seen cases in which, at the time of the operation, two or three inches of the entire thickness of a metacarpal or metatarsal bone were removed, whilst only a few spiculæ existed at the time in the periosteum, and in which, therefore, shortening to a large extent appeared inevitable. Very generally, however, a new shaft has been produced, and the final result, as in Mr. Birkett's case just given, has been very much more pleasing than had been expected.—*Med. Times and Gazette*, July 4, 1857.

Lilac Leaves as a Febrifuge.—M. Macario having been induced to try these in intermittent fever, owing to a popular reputation that had acquired in Flanders, found that of 20 cases, 13 were entirely successful, and 7 failed. In some of the former quinine or arsenic had failed. A decoction of the leaves was administered fasting, during five or six days in succession.—*Rev. Med.*

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LETTER FROM PARIS.

PARIS, AUGUST 30th, 1857.

MESSRS EDITORS: An humble pilgrim at the shrine of science, I bring you a few gleanings gathered among the "on dits" in medical circles. But this is a period of repose in the Schools; the annual harvest is gathered, and the master reapers—the Velpeaus, the Nelatons, the Trousseaus—have left the field of their labors to prepare for the coming campaign. You will at once understand that, the rich mine of medical instruction being suspended, we must turn from the hospitals and the silent amphitheatres to other sources of medical news. But though we must thus leave out of the question Practice and Surgery, we can turn to other sources and find that many a diligent laborer yet remains, still delving in the fields of knowledge, as if impatient at Time's unceasing flight, or eager, before their journey of life is o'er, to raise a corner of that impenetrable curtain which conceals from our sight as well the secrets of the future as many of the mysteries of our organization.

But as the morrow of to-day will soon have passed, and enrolled itself in the archives of historical lore, with its tale of weal or of woe henceforth indelibly inscribed, we must be content to seek among these teachings of the past the assurance that progress and perfection should be the motto of man. Among those subjects which have more immediate relation to man himself, certainly none deserve a more important place, in its immediate bearings upon ethnological science, than the labors of the Physiologist; and here I would embrace not only those considerations which are purely relative to the laws of organic functions, but all those questions of Hygiene, Embryology, Histology, and intellectual capacities, all of which have so important a bearing upon the origin of man, his development, his capacities, his progress, and that scarce attempted question, his end and object, as a part of creation. It cannot be denied that in this programme of physiological inquiry, there are many points which are wrapped in primitive darkness. Let us, however, remember that ages are nothing in the progress of truth, and that, just as social and political reforms are the slow results of ages of abuse and tyranny, so the best established axioms in medicine have been the most contested, and the tardy growth of experience and observation. The nineteenth century may justly claim pre-eminence over others for the importance in its discoveries of physiology and medicine. It is only of late years that the experimental method has been introduced into physiology, by the illustrious Magendie; and yet it has already revolutionized the dogmas of the schools, either by upsetting old theories, or confirming them by the rigid laws of demonstration, or introducing new ideas of which not even the germ had pre-existed.

It would be a most interesting though arduous task to assign to each nation the share which it deserves in the progress of physiological knowledge. Thus, starting from Haller, the greatest representative of the modern school, we might pass in review the influence of the German schools, the propagation of their labors in England, and America; nor should we forget the Fontanas, the Matteucis, and other distinguished Italian physiologists. But we must undoubtedly assign the palm to that far famed French school, which, starting with Bichat, continues its brilliant galaxy with the names of Legallois, Richerand, Magendie, Berard, Beclard, Robin and others, until we arrive at the present time, and find the sceptre of physiology in the hands of Claude Bernard.

It were no easy task to bear the mantle which had been worn by so many distinguished predecessors; yet all Europe has acquiesced in that apostolic succession, and few but the envious or ignorant would gainsay the choice. Bernard is essentially the experimental physiologist of the day, and he has attained his present proud eminence by 20 years of indefatigable labor and research. Before Bernard, before Magendie himself, Legallois had led the way by experiments upon living animals, though we might turn further back to the remarkable era when Harvey demonstrated before a monarch the circulation of the blood on a living fawn. There can be doubt, also, that Haller discovered by actual vivisections the doctrine of irritability and excitability, which he first propagated to the scientific world; still these were but isolated facts, and no regular method or system had as yet been adopted or pursued. Bichat, the immortal author of the Researches on Life and Death, was more of a pathological anatomist than a physiologist, and it is probable that he built up his great work on general anatomy, of which he was the founder, by observations on the phenomena of disease. Endowed with a gigantic intellect, Bichat unfortunately allowed his fondness for system and theory to allure him away from the narrow road of observation and reality. He accounted for all the phenomena of living bodies by supposing that each tissue was endowed with certain vital properties, from the mutual play and co-ordination of which resulted life, considered as a whole; whereas, physical and chemical actions were peculiar and inherent to the inorganic world. It is scarcely necessary now-a-days to refute such a proposition, when we remember that digestion is a purely chemical phenomenon. But Bichat died at the early age of 32, and we may easily understand that the immense structure whose foundations he thus laid, must have been wanting in harmony and strength. Legallois, the cotemporary of Bichat, survived him a few years, and contributed many important additions to our science, yet he is scarcely known at the present day, though his "Experiments on the Principle of Life," is a most remarkable production, and a translation appeared in Philadelphia, where he was chosen corresponding member of the Medical Association in that city.

Bichat died in 1802; in 1808 Magendie appeared upon the stage, and during forty years the torch, with which he explored so many obscure questions, never wavered in his hands, or wandered from the strict path of observation and experiment. Systematically opposed to the method of generalization and dogmatic theories which had been so much the fashion before his time, Magendie adopted the strict interpretation of nature, and only admitted as a fact that which he had corroborated by observation; so that he never departed by analogy or hypothetical reasoning, from the stern reality of experimental deduction. His devotion to this method, which he admitted as the sole criterion of truth, may sometimes have been pushed too far, yet it could scarcely mislead him long, and he has often been accused of inconsistency when he had barely related experiments which, as so often happens in physiology, were apparently in opposition with each other. Such, for instance, were his remarkable labors on the functions of the anterior and posterior roots of the spinal nerves. He saw that sometimes the anterior roots were endowed with sensibility; at other times they appeared insensible. In later times his disciple and successor, Bernard, was the first to show conclusively that this peculiarity depends upon the so-called reflex function of the nervous system, and that it varies according to the point where the section of the motor nerve happens to be made. Thus it was that Magendie invariably stated the facts as he saw them, without ever attempting to distort them in order that they might serve some preconceived opinion or theory.

When Fred. Tiedmann, the great German physiologist, visited Paris several years ago, he called upon Magendie, who was then occupied with his researches upon the cerebro-spinal fluid. The French Professor explained to his guest that the cerebro-spinal fluid was interposed between the nervous centres and the arachnoid; that it is continuous along the spinal cord, where it subserves the important function of protecting those delicate textures from any sudden or violent shock. But the German philosopher at once objected. "It is impossible," said he, "that this can be so, for has not Bichat established the law that all liquids must be contained within a serous cavity? Now, the arachnoid being a shut sac, this liquid evidently must be within the membranes." I do not care about Bichat's law, answered Magendie, but I will certainly show you that the cerebro-spinal fluid is beneath the reflected portion of the arachnoid; and this is accordingly the fact now universally admitted. Magendie believed that we were yet removed from the time when any general dogmatic treatise could be written on physiology, and he considered that the science was far from being firmly settled on its foundation; and that generalization should only be followed when a sufficient number of uncontested facts have been accumulated. The vanity of men, said he, often leads them to compare themselves, each in his own sphere, to some great name or object to which they fancy themselves either approaching or similar. Some have compared themselves to Archimedes, or to Michael Angelo, or a Newton, or a Galileo. Louis XIV compared himself to the sun; but for my part I am more humble in my simile. I fancy myself like a rag-man, for with a hod on my back, and stick in hand, I go through the by-ways of science, picking up all the detached facts I may find on the road. Such was Magendie, and such was the tendency and object of his labors. His severe and unbending devotion to experimental truth was necessary at the time in which he lived, and he is justly entitled to the credit of having diffused throughout Europe his methods of vivisection, to which we owe those rapid strides that of late years have signalized the progress of Physiology. If we may believe that a pure and etherial essence survives the dissolution of an earthly mould, we can fancy that the spirit of this great man yet hovers around that laboratory of the College of France, where for forty years he pursued his researches in the properties of organized beings. But the genius which guided him through his long ministry has certainly survived him, and the discoveries of Bernard have even eclipsed those of his master and predecessor. From his present exalted position, though he might safely rest on the laurels he has secured, with true devotion to the cause of science, he only considers the achievements of the past as motives for future exertion; and he is now as unremitting in his labors as if he were at the threshold of the temple of which he is now the grand high-priest. Nor does he sit in his chair with unalloyed peace; more than one parasitic insect has attempted to buzz himself into notoriety by attacking the writings of Bernard. Their object is attained if they attracted a passing notice from the press of the day, and their highest ambition is to secure a report on their hybrid productions from the Academy of Sciences. But these pigmies soon sink into that oblivion from which they strive to raise themselves by their noisy though empty clamors. But every true lover of the science will learn with regret that a great name has also lent itself to a series of attacks as violent as they were unfounded. I mean Pierre Berard. Alas! the Berard of to-day is not the same as the author of the Lectures on Physiology—the same in person, but not in mind. Last year he had a severe attack of apoplexy, and I fear some softening of the brain consequent thereon, now incapacitates him for that impartial and just appreciation of men and their works which was so eminently characteristic of the learned Professor of the Faculty. He has undertaken a series of experiments to disprove Bernard's theory on the function of the pancreatic juice, and lately published the result of his labors in the shape of a violent philippic against the Professor of the College of France. Berard associated with him in his unenviable labors, a certain subaltern veterinary of Alfort, who has undertaken the anatomical part of the experiments; for Berard, it is well known, has never performed a vivisection in his life, and his book was written from the materials accumulated by others. In this case his choice of a Moderator has been most unfortunate, for I have heard two of the Professors of Alfort, Messrs. Chauveau and Boulay, declare that they have not the least confidence in any experiment of their subaltern, Colin; and it is well known that he will distort any fact to suit his purpose. In the present case, he pretended that a ligature of the pancreatic duct does not prevent the digestion and absorption of fatty substances. This assertion will, no doubt, appear monstrous, yet the hardihood of its author is only equalled by the falsity of his conclusions; nor would it attract more notice or belief than the assertion of some pretended astronomer, who revived, a short time ago, the old exploded idea that the sun revolves around the earth, if it were not that a great though fallen mind has associated his name to these ill-shapen and monstrous productions.—[A. P.

[To be continued.]

A CASE OF TRACHEOTOMY.

By C. J. Bickham, M. D., Assistant Surgeon, Charity Hospital.

Patrick Loughram, a native of Ireland, aged 27 years, entered the Charity Hospital June 1st, 1857, and had been suffering for three weeks previously with cough, sore throat, and difficult respiration; but the principal affection seemed to be in the larynx. A careful examination showed with much certainty that he had no syphilitic or other ulceration of the throat, nor a deposition of tubercular matter in the lungs or bronchial glands, but that it was a case of chronic idiopathic laryngitis, involving more or less the trachea, the bronchi, and the ramifications of the bronchial tubes.

Immediately on his entrance into the Hospital, he was put on a course of mercury, and its specific effects were obtained in three days; but the urgency of the symptoms required it to be pushed so fast, that it had not time to produce that alterative, insensible, and beneficial effect upon the absorbents, which has been assigned to it by therapeutists; consequently more powerful and effectual means had to be resorted to. Emetics, tartar emetic in alterative doses, and revulsives by means of blisters, croton oil, etc., were given, hoping to divert the flux from the seat of mischief, but apparently with no avail.

Thus he continued to grow worse until the 5th of June, when it was determined to perform *tracheotomy*, as being the only means of temporary or probable permanent relief.

Two minutes after the operation the patient was entirely relieved of the cyanozed condition of the upper extremities, and of the difficult breathing —which showed conclusively what was supposed at first, viz: that the principal disturbance was in the larynx.

Subsequent to the opening of the trachea (the patient being already under the constitutional effects of mercury), he was put on iodide of potassium, hoping that this, together with local applications, such as nitrate of silver, iodine, etc., might in a short time enable us to remove the tube; but, although the local, as well as the general condition, of the patient was much improved by these agents, he could not dispense with the instrument. However, at the end of five weeks (the patient and his attendants having manifested much anxiety for its removal) it was resolved to comply with their wishes, but it had to be returned immediately, on account of impending suffocation. Four weeks subsequent to the first attempt at removal (the course of local and constitutional treatment having been continued), a second attempt at removal was made; but again we were disappointed, and were compelled to replace the tube at the end of one hour. At the end of four weeks from the second removal, the general condition, the respiration, the voice, the cough, and almost complete absence of the sibilant and sonorus ronchi appeared to justify a third attempt at removal But although we were much gratified at the improvement which had taken place, we were compelled again, at the end of thirty-six hours, to replace the tube.

At this third removal the patient appeared to breathe for twenty-four hours quite as well without as with the tube; but the local inflammation, the chronic thickening of the mucous and submucous tissues, and, consequently, the non-performance of the duties of the larynx, would not, under an additional amount of labor thrown on them by the extraction of the tube, allow it to be kept out. It is now nearly four months since the operation was performed, and although the tube is yet in the trachea, we have reason to be encouraged.

His present condition is much better than at any time since he entered the Hospital, and it is confidently to be hoped that we will yet succeed in removing the tube, and in restoring health to the patient. Very few cases of this kind have been successfully treated, and as the one under consideration is not yet fully restored to health, it is necessary to reflect on the circumstances connected with other cases of the same kind, to study the pathology—not only the pathology of different organs, but the pathology of the same organs under different conditions—and also the effects of different therapeutical agents on the various tissues of the body. We have in the present case accomplished the remote object, viz: temporary relief, but not the immediate or direct object, viz: a sound trachea and larynx, through which respiration may be performed with ease and comfort to the patient.

Simply introducing the tube, and observing the direct and collateral circumstances of the case from his first attack to the present time, is of course not without interest; but what yet remains to be done, is not only more interesting, but it is and has ever been, rather perplexing to the surgeon. In ordinary cases where foreign bodies are within the throat, and successfully removed—in cases of accidental incisions, strangulation, hanging, etc.—the operation is generally successful in the end; because we have no persistant evil as we have in the present case. Then, with reference to better success in these local persistant affections, might we not, with propriety, ask the following questions? Are not many lives lost from neglect of small, but essential things; such as proper nursing, etc.? Do we not often get impatient, and lack perseverance in these cases to accomplish our object? And thirdly, do we, as physicians and surgeons, understand the pathology and treatment of this disease under its different stages of inflammation? The tube should be cleaned at least three times daily, to avoid extraneous matters entering the trachea. The diet, drinks, etc., should be confided to a sensible and careful nurse, for I have seen a patient die from liquids being poured through the tube by an ignorant attendant; and I have known another case, which was in a fair way of recovery, die suddenly while the attendant was carelessly cleaning the instrument.

Our zeal is at first often excessive; we do, perhaps, more than the condition of the patient requires; he is harassed by a repetition of remedies; frightened by an over amount of concern and sympathy; but at last displeased, vexed and mortified at his want of proper attention.

Again: may it not be necessary to ask, by way of illustration, how do we treat parallel cases? Stricture of the urethra, for instance, when permanent does not come on suddenly, but gradually. It is a chronic inflammation of the mucus and sub-mucus tissues, and a thickening supervenes upon the effusion and organization of lymph. What is the pathology of stricture? At first irritation is set up from the poisonous effects of gonorrheal matter—local congestion from violent cold—acridness of the urine, etc., which causes the flow of an excess of blood to the part. The vessels are engorged, and, as an effort to relieve themselves, an effusion of fibrin with serum takes place, or in other words, lymph is infiltrated within the cellular tissue—the watery portion being absorbed and the fibrin remaining, which soon becomes organized, constituting thickening or induration. Now it may be said these are not parallel cases; but is not the principle of treatment in the one case identical with that of the other? And is not the object sought to be attained in the one case identical with that in the other, viz: the absorption of lymph.

We treat stricture of the uretha with bougies: this instrument judiciously introduced and graduated according to the caliber of the stricture and condition of the parts, stimulates the capillaries and brings about a healthier and more active state of the vessels, thereby producing an absorption of the infiltrated matter; and it is precisely upon the same principle that straps and bandages, together with position, are found to be beneficial in the treatment of ulcers. Now in cases such as the one under consideration, we are denied the use of instruments, bougies, straps, etc., hence we resort to those agents which are known to produce the same effects on the absorbents—as mercury, iodide of potassium, and opium. In conclusion we would observe that mercury is given in indurated chancre, the same pathological conditions existing as in stricture of the urethra. Why then should we not give it as an adjuvant to the bougie? In fact, it was spoken of a short time ago, if we mistake not, by Mr. Solly, an English surgeon, in connection with these very cases.

In cases of indurated os uteri from chronic inflammation the same conditions exist, and mercury is known to act admirably, assisted by local stimulating applications.

But to conclude; if the preparations of mercury, iodine, iodide of potassium, and opium, with others that might be mentioned, have performed such wonderful cures in precisely the same pathological conditions, should we be discouraged because the present case is a chronic one?

The result of the case will be noted hereafter.

REMARKS ON CLINICAL MEDICINE.

By E. D. Fenner, M. D., Professor of Theory and Practice in the New Orleans School of Medicine.

> "From the very commencement, the student ought to witness the progress and effects of sickness, and ought to persevere in the daily observation of disease during the whole period of his studies.—*Dr. Graves.*

Medicine is an *art* as well as a *science*; and like all other arts, that of skillful practice can only be acquired by observation and experience. He who devotes himself to this profession with the determination to master it and to realize its advantages as far as he is capable, requires extensive opportunities of seeing the various forms of disease, injury and deformity to which the human system is liable; of bringing to bear upon them all his senses, as well as his judgment, and likewise, of observing the effects of medicines and the curative powers of nature. Without such opportunities, he may store his mind with all the learning of the books and teachers; he may understand all the theories that have ever been promulgated, and reason like a philosopher upon any problem that may be proposed; but he will not be able at once to make a skillful application of his knowledge to any useful purpose. He would be like a navigator, who never managed a larger vessel than a jolly boat; a mechanic who never handled a tool; an engineer who never bridged a rivulet nor saw a steam engine in operation; an architect who has only seen the pictures and drawings of temples and palaces; or an astronomer who never directed a telescope. Yet such has been the general course of medical instruction followed in this country from the beginning, and is for the most part even to this day. In Europe, this grand error has long since been recognized and remedied; but we in America have but recently acknowledged its importance, and applied our inventive genius to its correction. The course of qualification preparatory to entering upon the practice of medicine hitherto pursued by nine-tenths of the medical students in this country, has been, to read a text book on each of the different branches, to hear two courses of lectures, occasionally walk through the wards of a hospital, where he may see a Professor prescribe for a number of patients or perform a surgical operation, then be able, when questioned, to repeat a respectable amount of what he has read in books or been told by his teachers, and he obtains his diploma.

Under such a system of instruction, experience is only to be acquired at a considerable expense of human life. As a learned teacher of Clinical

Medicine has well remarked, "is there any other profession or art, or even trade, in which any but a madman would embark unprovided with a store of practical knowledge?" The frequent admonitions of the American Medical Association within the last ten years, together with the now generally recognized necessity of more extensive practical instruction, by the profession at large, is evidently effecting important improvements in this regard; and I venture the prediction, that in five years from this time, no young man will be content to offer his services as a practitioner, without having first gained considerable practical experience in the wards of a Hospital. Let us now take a glance at the principal plans of Clinical instruction which are followed in Europe and America, and see what advantages and defects they present.

The celebrated Dr. Graves, of Dublin, gives the following account of the three principal plans of Clinical instruction followed in Europe.*

"I have had an opportunity of observing with attention, three different methods of conducting clinical instruction: the first is that practiced in Edinburgh and Dublin; I shall select that of Edinburgh for examination, being by far the most celebrated of the British schools of physic, and much resorted to even by foreigners for instruction. Two clinical clerks, one for the male, another for the female wards, are selected by the physician from among the senior students; their business is to write an accurate history of the cases, to report the effects of medicines, and record the symptoms which may have occurred since the physician's last visit. All this is generally done with fidelity and zeal. At his daily visit the physician stops at the bed of each patient, and having received the necessary information from his clerk, he examines the patient, interrogating him in a loud voice, while the clerk repeats the patient's answer in a tone of voice equally loud. This is done to enable the whole audience to understand what is going on; but, indeed, when the crowd of students is considerable, it is no easy task; it requires an exertion almost stentorian to render this conversation between the physician and his patient audible by the more distant members of the class; while the impossibility of seeing the patient, obliges all who are not in his immediate vicinity to trust solely to their ears for information. This information is not, indeed, neglected, for every word so attentively listened to, and heard with so much difficulty, is forthwith registered most faithfully in each student's case book; and afterwards all the observations the professors make in their clinical lectures are taken down with equal care and fidelity. It is really a pity to find so much labor and diligence thrown away; for it is evident that the practice of medicine cannot be thus taught or learned, as it were by hearsay; and it is consequently to be feared, that many are dubbed Doctors at Edinburgh, who have been scarcely ever called on to write a prescription. The chief objection to this mode of teaching is, that however well inclined the student may be, he is never obliged to exercise his own judgment in distinguishing diseases, and has no opportunity of trying his skill in their cure; and, consequently, at the end of his studies he is perhaps well grounded in the accessory sciences—is a perfect medical logician—able to arrange the names of diseases in their classes, orders and subdivisions; he may have heard, seen, and if a member of the medical society, he may have also talked a great deal; but at the end of all this preparation, what is he when he becomes a full Doctor? A practitioner who has never practiced!"

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* System of Clinical Medicine, by Graves & Gerhard, p. 19.

"I do not assert that a diligent student may not obtain a good deal of knowledge by attending one or several clinical courses in Edinburgh; no doubt he will gain many useful, general ideas, concerning the nature and treatment of diseases; and if he, himself, examines the patient after the physician's visit, he may even acquire a certain degree of tact in recognizing symptoms and appreciating their value. This method of instruction is, indeed, very useful, and nothing better can be devised for a beginner; but for the more advanced student it is by no means sufficient, nor is it calculated to give him practical experience, without which all other acquirements are of no avail. I say it does not give him experience, because he has at no time been charged with the responsibility of investigating a case for himself, and by himself—because at no time has he been called on to make a diagnosis unassisted by others—and above all, because he has never been obliged to act upon that diagnosis, and prescribe the method of treatment. If those who have been thus educated, and who have been made doctors upon so slender a foundation, were to confess the truth, we should be presented with a picture calculated to excite dismay, if not a stronger feeling. How many doubts and distracting anxieties attend such a man at his first patient's bedside? If the disease be acute, and life in imminent danger, if he shrinks under this sudden and unusual load of responsibility, he gains little credit for professional ability; if, on the contrary, inexperienced as he is, he assumes that decision of judgment, that energy of practice, which experience alone can confer, it is not improbable that the result may be still more disastrous."

Such, says Dr. Graves, was the Edinburgh Medical School in 1819. I am not prepared to say how clinical instruction is conducted there, at this day.

I am indebted to Professor I. L. Crawcour, a Graduate of London, for the following account of the plan of clinical instruction pursued at Guy's Hospital at the present day.

"The mode of clinical instruction adopted at Guy's Hospital was as follows: The medical staff consists of three physicians in chief and three assistant physicians, and each of these has four clinical clerks selected from the students. Patients are admitted only on one day in the week (on Wednesday) and all admitted on one particular day, are under the care of one physician, called the physician of the week, and his assistants—and are distributed not into any one particular ward, but into the various wards of the institution. On the Wednesday morning, the physician of the week, attended by his clinical clerk for that week, examines all the patients desirous of admittance, and selects, according to the number of beds vacant, those who most require medical aid. They are then drafted into the various wards, and it becomes the duty of the clinical clerk, to take the entire history of each patient, the physical signs, etc., make his diagnosis, and enter this into the clinical report book, so that he can read it when the physician makes his visit at one o'clock. The report of each patient is read aloud, before the students, who congregate at each bed, the physician makes his observations, gives his views, prescribes and not unfrequently causes his clinical clerk, who is always an advanced student and sometimes a graduate, to take the entire control of the case. In this way, every patient admitted into the Hospital on that day is examined, and it becomes the duty of the clinical clerk of that day, to take charge and keep a record of every patient admitted on that day until death or discharged.

"The admission takes place on Wednesday. On the Thursday week following, his clinical report book is given to the physician, who takes it home and studies it, and on Saturday a clinical lecture, lasting from one to two hours, is given to the entire class, embracing all the cases entered during the week. It is usual at Guy's only for second and third years' students to go round the wards, and consequently it is only these students who are expected to attend the clinical lecture. The advantage of this mode of instruction is two-fold: the students attending the wards have a direct interest in each case, as usually each one keeps a report book. Every day, fresh observations are made on the patient before the students by the physician, and at the end of ten days, when the diagnosis and treatment may be said to be fully established, a finished lecture, embracing every point of each case is given, and each student has had ample time to make himself acquainted with the minutest details of each case.

"At one time another system was adopted: a ward was set apart called the clinical ward. This was placed under the charge of a physician for a month, during which time, all cases of one particular disease would be admitted into it. Thus one month it would contain nothing but phthisis, another month diseases of the brain, another month fevers, etc., etc., so that the student had the opportunity of examining and comparing every type of the same disease, at the same instant. This, however, was ultimately abandoned, as it was found to work injuriously for the patients, and the system above described was substituted."

Dr. Graves continues:

"In France the mode of conducting clinical instruction is very similar to that which we have already described, and consequently, it is attended with nearly the same advantages and defects. In the French Hospitals, however, no reports are dictated to the clerks, and more care is taken to explain the symptoms and progress of each case at the bedside of the patient; in fact these explanations answering to the original institution and design of clinical lectures, are attended with many important advantages, and are well worthy of imitation. By this means the trouble and uncertainty of a circumstantial and detailed description, are frequently avoided by a direct reference to the matter to be described, and the interest of the student is secured by a very slight exertion on the part of his instructor, while the latter owes many new ideas to the degree of attention which he is thus forced to give each case. It is true that the duration of the visit is thereby increased; and in Italy, where the same plan is pursued, it is not unusual for Tommasini to expend in the morning, more than two hours upon eight or ten cases, besides the time devoted in the evening to the same purpose. Where the importance of the subject to be taught is so great, it is wisely judged that the teachers must be laborious; and it is thought necessary to use every possible means to convey clear ideas concerning each case to the student. His attention is not distracted by seeing a great number of cases in rapid succession, nor (as is too often the case in the hospitals of Dublin and London) are the inquiries dictated by a laudable curiosity on the part of the student suppressed by a forbidding demeanor or an uncourteous answer from his teacher. Although, the French clinic thus presents several manifest superiorities over the British, yet it is liable to the chief objection already urged against the latter, that the student is not supplied with an opportunity of learning the actual practice of his profession. I am, by no means, disposed to join in the cant of humanity; yet, I cannot overlook another disadvantage to this mode of teaching. I cannot help feeling that it is scarcely justifiable to lecture upon a patient's case in his presence, and in his native language; that it is cruel to explain (as must, when this method is adopted, be often done) that the patient is laboring under a fatal complaint. During such a lecture, I have often watched the worn and pallid countenance of the sufferer, while he listened attentively to the record of his past and present sufferings, and I have marked the settled expression of despair it assumed when the prognosis thus tediously ushered in, was too clearly announced. It is cruel to banish from a sick man's bed his sole remaining comfort—it is unmerciful to scare away hope, his only consolation during his hours of pain and watching. We ought never to allow any expression to escape from us, which could possibly add the terrors of apprehension to the weight of actual suffering. On this account, while we borrow the useful part of their system from the French, we must correct so glaring a defect by making use of the Latin language, whenever it is absolutely necessary to make any observation that might alarm the patient. One of the most important duties of a surgeon, or physician, consists in the practice of humanity; and it is very doubtful whether the student does not experience as much difficulty in deriving benefit, not so much from the precept as the example of his seniors, in this department of his profession as any other. Observe gentlemen, I speak not of French, but of Irish hospitals; for, with the exception of the objection already adverted to, the conduct of the French medical men is in every respect praiseworthy. We do not find them indulging in coarse, harsh, and even vulgar expressions to their hospital patients; we do not find them provided with two vocabularies—one for the rich and another for the poor. The medical, more than any other profession, requires that the better feelings of our nature should be cultivated and fostered. The nature of anatomical pursuits obliges us to violate many of our natural prejudices, and disregard some of our strongest propensities: let us, therefore, be doubly anxious to give, by means of the most diligent cultivation, an additional and more vigorous growth to our better feelings—to our social affections—and if we are accused of disrespect for the dead, let us answer the accusation by our humanity to the living."

I am informed by Professors Choppin and Beard, who have recently spent several years amongst the medical institutions of Paris, that the above is a fair representation of the general plan of clinical instruction still pursued in that city; but at the present day, each of the distinguished Professors of Clinical medicine has some slight modification of his own, which is hardly worth mentioning in this place.

Dr. Graves continues:

"The third mode of conducting clinical instruction is that adopted generally throughout Germany, and which, in addition to the means of improvement comprehended in the plan of the French and English methods, possesses the advantage of allowing the more advanced students to undertake the care of patients in the Hospital, under the direction of the attending physician. The importance of clinical instruction is so much felt in Germany, that each School has three distinct medical clinics attached to it, by which means the labor of teaching is divided among the Professors, and the number of students attending each is diminished. There is one Clinical Hospital for the treatment of acute diseases, and another for chronic diseases, while a clinical Dispensary is devoted to the cure of extern patients. The pupils are divided into two classes—the more advanced, who get the care of patients, and the junior students, who merely look on and listen. When a patient is admitted, his case is assigned to one of the practising pupils, who, when the physician is visiting the ward, reads out the notes he has taken of the patient's disease, including its origin, progress and present state. This is done at the bedside of the patient, and before he leaves the ward the physician satisfies himself whether all the necessary particulars have been accurately reported by the pupil. After all the patients have been thus accurately examined, the Professor and his class proceed to the lecture-room, and a list of the patients and the practising pupils is handed to the Professor; the cases admitted that day are first inquired into, and the pupils are examined concerning the nature of their diseases, their probable termination, and the most appropriate method of treatment—each student answering only concerning the patients entrusted to his care. During this examination, the pupil's diagnosis and proposed remedies are submitted to the consideration of the Professor, who corrects whatever appears to be erroneous in either, and then the student retires to write his prescriptions, while the rest of the cases and pupils undergo a similar examination. At the conclusion, the prescriptions written by the students are read out in order by the Professor, who strictly comments on and corrects any inaccuracy or inelegance they may contain. When the prescriptions have been revised and corrected, they are signed by the physician, and handed to the apothecary to be made up and distributed. In some clinics, the price of each medicine is affixed to the bottle or box containing it, in order that the students may become acquainted with the comparative expense of various prescriptions, and may thus be enabled in private practice, to accommodate, as far as is possible, the expense of the remedies to the circumstances of their patients. The clinic for extern patients is conducted on the same principles. Patients who are able to attend, are examined at the Dispensary; those who cannot leave their homes, are visited by the senior practicing students, who always seek the advice of the professor when the case is urgent or the treatment doubtful. Nothing, gentlemen, can be better adapted than this plan of clinical instruction for the improvement either of the beginner, or of the more advanced student. This daily deliberation and anxious discussion, concerning the nature and treatment of each case, is peculiarly interesting, and serves to accustom the beginner to habits of accurate examination, whereby he is taught to interrogate nature for himself, and learns the history and treatment of disease, not from books and descriptions, but from direct observation.

"The advantages gained by the practicing pupils are too obvious to require comment. Being obliged to give reasons for every plan of cure that they propose, they are accustomed to a rational and careful investigation of disease, and enjoying the most important of all advantages—the early correction of their errors—they commence private practice with a sufficient degree of experience to render them unlikely to commit any very serious mistakes.

"It is evident that according to the German method, no regular clinical lectures are necessary, as the pupil becomes accurately acquainted with the physician's views of each case, and no step is taken in the treatment without the reasons for it being given. This is the best kind of clinical lecture. The pupils have their doubts solved, and their erroneous views corrected, while the professor is enabled to mention, as the disease proceeds, every thing which he thinks is illustrative of its nature."

To show that the admirable plan of clinical instruction pursued in Vienna, and described by Dr. Graves fifteen years ago, is much the same at the present day, I will give the following extract from an exceedingly interesting letter, written by Dr. Henry K. Oliver, of Boston, to Dr. J. Mason Warren; dated *Vienna,* July 1st, 1857, and published in a late number of the Boston Medical and Surgical Journal:

"There is quite a number of hospitals at Vienna, but the general Hospital is, by far, the most extensive. I doubt, in fact, if there is another hospital in the world as extensive. The average number of patients is 2,000, but in times of epidemic it is not rare to find 3,000 within its walls. Besides this large number of patients it furnishes residences for four or five of its professors, all the assistants, internes, etc., and, of course, for the ward tenders, nurses, etc. The buildings of the hospital are two or three stories in height, and of a very simple style of architecture. They form a succession of squares, containing courts beautifully laid out in walks and streets, lined with hedges, linden and horse-chesnut trees, and which lead to the different divisions of the hospital. Some dozen fountains are also found in the different courts, which besides serving as ornaments, furnish water to the whole establishment. The hospital, as its name denotes, receives all kind of adult patients; and in the midwifery department women are received after the seventh month of their pregnancy, and at any time previous, if the woman presents any special interest in her case—for instance, a deformed pelvis, a previous miscarriage, etc. The clinics are distributed throughout the entire day, so that one may go from the medical wards into the midwifery wards, and from there, into the surgical, etc. Not to speak of other advantages, this single arrangement enables one to pick up as much medical knowledge in Vienna in six months, as in a year or more at Paris, where all the clinics take place at the same hour in the morning. Of course, where the subject is the same, there is not so much regard had to different hours. For instance, all the medical clinics occur at the same hour, and both the surgical clinics at one hour; meanwhile, care is also taken by assistants and others giving private courses, not to have their hour interfere with the lectures of the professors."

"At the clinics, matters are arranged in the following way: Each student who wishes, is charged with the care of a patient, whom he visits at least twice a day. On the first day of the patient's entrance, the student examines him, and writes out the result and the history of the case generally.

In this, he is guided by the *chef de clinique,* who points out the main features of the case, teaches him to percuss, auscult, etc. The following day, the student reads the account of the case, as written off to the Professor at the bedside, who then examines the patient himself, and afterwards questions the student, laying especial stress upon the means of arriving at the diagnosis. The advantage of this mode of teaching, instead of just examining the patient and retiring to the lecture-room to enlarge upon the case, as in Paris and with us, can hardly be questioned. Any points which the patient ought not to hear, such as unfavorable prognosis, etc., are given in Latin. The cases for the clinics are chosen by the professors from all the patients admitted to the hospital; so that the clinical ward is filled with the interesting cases only, while the others are left to the assistant physicians."

So much for the different plans of clinical instruction pursued in the great cities of Europe, where both the Science and Art of Medicine are cultivated to the highest extent. Let us now see what has been done in this important branch of instruction in our own country.

I think I may safely say that previous to the present day, nothing like a systematic course or plan of clinical instruction has been adopted by any of the Medical Colleges in the United States. Indeed, there is scarcely a city in the Union that commands the necessary facilities; but it might appear invidious in me to attempt to particularize their comparative advantages; so I will only mention the general course that has hitherto been pursued by our most prominent Medical Colleges, and close this paper with a description of the plan recently adopted by the New Orleans School of Medicine.

The course heretofore pursued by such of our Medical Colleges as command any hospital privileges whatever has been, to allow the students to visit the hospital twice a week, when the Professors walk through the wards with a crowd of students at their heels, and make a sort of running commentary on the different cases before them. The Professors also deliver clinical lectures twice a week, and perform surgical operations before the class. New Orleans is the only city within my knowledge, that has a large hospital convenient to a Medical School, and accessible to students daily without charge; but even here, the course of clinical instruction heretofore pursued has been pretty much the same as above described.

Most of our medical schools of late years have been trying to supply the want of hospital facilities by establishing clinics and dispensaries; but the defect is too glaring to require comment. The student of medicine must see disease, and observe its daily progress from beginning to end, as well as the effects of remedies, before he can become a skillful practitioner.

The Faculty of the New Orleans School of Medicine, deeply impressed with the importance of demonstrating, as far as possible, all the practical branches of the science, resolved at its inception, to quit the beaten track so long pursued in this country, and to strike at once for the latest improvements in teaching, which have been established in the greatest Medical Institutions of the day.

The following is our plan :

The student is provided with a printed ticket, to be pasted in his notebook, and having suitable blank spaces for inserting the number of the ward and bed—the name of the patient—his age, nativity and vocation—the diagnosis, duration and result of the case. Most of these blanks can be filled at once, but, of course, some of them must remain till the termination of the case.

To facilitate the inexperienced student in the novel duty he is about to undertake, and to answer the purpose of a *chef de clinique*, he is also furnished a printed sheet containing the following series of questions relative to the history and existing state of the patient :

QUESTIONS RELATIVE TO THE HISTORY OF THE CASE.

Previous History.—

How long have you been sick ?
Where were you when attacked ?
How were you taken—first symptoms ?
How did the disease proceed ?
What treatment before entering Hospital ?
At what hour did you enter ?
What was prescribed by the House Surgeon ?

Present State.

Note the general appearance of the patient.
" " Skin ; whether hot or cold, dry or moist.
" " Tongue, appearance of.
" " Thirst.
" " Stomach, whether quiet, nausea or vomiting.
" " Abdomen, whether full or not, tender on pressure or not, tympanites, or dropsical effusion.

Note the Bowels, whether easy, loose or costive.
" " Urine; free or scant; color of it.
" " Chest symptoms—breathing, cough, pain physical signs.
" " Heart, sounds of.
" " Pulse, number and character of.
" " Appetite—
" " Rest and sleep—
" " Pains, where located.
" " Debility.

Diagnosis.—Remarks of Visiting Physician.

Treatment.—

Having asked all these questions and made a connected narrative from the replies, the student is prepared to receive the Visiting Physician, who requires him to read aloud what he has written, corrects all inaccuracies, and proceeds to pronounce the diagnosis, with such instructive explanations as he thinks requisite. The student can insert in his note book such of these clinical remarks as he may wish to preserve. The Professor then points out the indications, dictates his prescription, and proceeds to the next bed, where the attending student goes through the same process if he has a new patient. On the following morning the student visits his patient an hour before the Professor, notes any change in the symptoms, and also the operation of the remedies prescribed. When the Professor arrives, he can hear these notes read in as little time as it would take him to get the same information by questioning the patient himself. After his clinical remarks, he prescribes again and passes on. This course is pursued from day to day till the termination of the case either in recovery or death. If the patient recover, the Professor makes a brief summary of the pathology and treatment of the case before discharging him. If the case terminate fatally, the body is followed to the Dead-house, where a post mortem examination is made before the students. Before opening the body the Professor must declare his opinion of the pathology of the case, the seat of disease, and the morbid conditions to be found. He does this boldly; without claiming to be infallible in his judgment, but to test his skill in diagnosis, and his willingness for his pupils to profit by any blunder he may have committed.

Such is an imperfect sketch of our plan of clinical instruction. It has been supposed impossible to make it available to a large class of students; but with such facilities as we enjoy at the Charity Hospital, situated at our very door, I can readily show how it may serve a class of 280. Supposing only seven of our Professors be allowed two wards each, and that these wards contain twenty beds. Here is provision at once for one patient each to 140 students. Now two students might attend each patient without any inconvenience; first one, then the other reading out the report of the case. This would provide accommodation for 280; a greater number, I venture to say, than can be selected out of the largest class in the Union, and persuaded to work regularly at this business.

This course will not be followed by every Professor in our School who takes wards in the Hospital; indeed, it would not be suitable to all the cases presented in the surgical, syphilitic, obstetrical and eye wards; and our Professor of Auscultation pursues a plan somewhat more after the Parisian style; still the one just described will be adopted for the most part. The course pursued in the syphilitic wards by our Professor of Surgery is the same as in Paris and Vienna, and is greatly superior to any that has hitherto been instituted in America. I shall say nothing of the Clinical instruction to be given in the Obstetrical wards of this Hospital. The Legislature has granted us equal privileges in this as in every other department of the Charity Hospital, which we shall turn to the benefit of our Students; but we hope to accomplish more in the Obstetric branch of our Free Dispensary. We there take the address of such indigent women as desire to be delivered at home, and when the call is made, a competent Student, to whom the case has been assigned, attends promptly, and performs the duty, if the labor is simple; but if any difficulty presents, he calls on the Professor at once. Our Professor of Anatomy, Dr. Beard, is a thoroughly educated Oculist, and will demonstrate daily the proper method of diagnosing and treating the various diseases of the eye. He is a complete Master of all the surgical operations that performed on this delicate organ.

It will be perceived that the plan of Clinical Instruction we have adopted is much the same as that pursued in the General Hospital of Vienna, which was introduced into the Meath Hospital, of Dublin, by Dr. Graves, in 1821, and has been continued there ever since, with entire satisfaction.

I should not omit to mention also, the practical instruction given at the Free Dispensary of the New Orleans School of Medicine, on three days of every week. Here we prescribe for thirty or forty patients a day, presenting the ordinary complaints of men, women and children. The students see how this is done, and also assist in putting up prescriptions.

In short, with such facilities for acquiring practical knowledge as are presented by this new Medical School, if the student fail to make himself an accomplished and skillful physician, it must be either his *own fault*, or the fault of imperative circumstances which absolutely deny him *sufficient time* for the accomplishment of his purpose.

Dr. Latham, of London, in his admirable little work on Clinical Medicine, says:

"In laying down any scheme of education, you must take care to make it suitable to the majority of those who are to be educated. There may be circumstances in their condition and objects, rendering that education which is the best in itself, not the best for them. Such circumstances belong, in an especial degree, to our profession. Very few enter it who are not required to exercise its practical duties *early*, from the necessity they are under of beginning as soon as possible, to support themselves, so that the majority cannot wait to be made philosophers before they become practitioners. This necessity, under which the majority find themselves, of exercising their profession *early*, requires that they should be made practitioners in the *easiest and nearest* way. Their knowledge should be of things *obviously and confessedly* necessary, and this ought to be rigidly exacted." He thinks that the farther we go beyond this, the greater the danger of ruining the purpose we wish to serve. Students should first learn what is *absolutely necessary*, and afterwards, as much more as they can.

I fully concur in the following remarks of Dr. Latham:

"I have long doubted whether systematic courses of lectures on Medicine and Surgery ought to be considered as essential a part of professional education as they are, and whether the rigid attendance upon them which is required, does not stand in the way of other more indispensable means of obtaining knowledge; and whether they are not thus in danger of becoming a serious hindrance to the very purposes they are intended to promote. You must go to the lecture-room and see dissections, or perform them for yourselves, in order to learn anatomy. You must go to the lecture-room and see experiments made, or make them yourselves, in order to learn chemistry. And you must go to the wards of a Hospital in order to learn *disease and its treatment;* for there only can you see the sick man and inquire his symptoms, and give the remedy, and note its effects, and witness its success or failure."

Dr. Latham laments the fact that the fine opportunities of gaining practical instruction at St. Bartholomew's Hospital are, to so great an extent, lost or neglected. He says: "I know that five out of six of those who profess to attend the medical practice of this Hospital, (and it is the same at other Hospitals,) never watch a single case of disease through its entire course, during the whole period of their pupilage. I say this with great sorrow, and as a warning to those whose pupilage has yet to begin. This is what I mean by the materials of knowledge running to waste."

How true and applicable are these remarks to the state of things hitherto existing in New Orleans, with its extensive hospital and beautiful lecture rooms. But this will soon be changed. The day is not distant when New Orleans shall rival Dublin, Paris and Vienna in the great business of clinical instruction; more especially for the qualification of Southern practioners.

CHARITY HOSPITAL REPORTS.

Retroversion and Incarceration of Gravid Womb—Retention of Urine—Abortion—Recovery.—Service of Dr. D. W. Brickell. April 5th, 1857, I was called in consultation, by Dr. G. of this city, to Mrs. ——, native of Germany, aged about 30 years, mother of several children. Before arriving at the patient's house, Dr. G. informed me that he had been sent for to see her for the first time four days before the time of my visit—that the patient had been sick nearly four weeks, that she was suffering greatly, was much reduced, declared herself four months advanced in pregnancy, and that he suspected some uterine deviation. He was not familiar with such affections, however, and, therefore, sent for me.

I found the wife of a laboring man, in a comfortable home, sitting on the side of her bed, complaining bitterly of suffering in the pelvic region, pale and emaciated, pulse 100 and hard, countenance expressive of great anxiety. The Doctor now told me that she was laboring under constant stillicidium, and had been during the past four weeks; that she was constipated, had had no evacuation for four days, and fæcal matter was always passed with difficulty; that he had examined her physically, had found a tumor in the abdominal region altogether too large for a uterus in the fourth month of gestation, and that the pelvis itself was filled with a tumor which he could not account for.

In this connection I must mention that the patient herself could speak no English, and the Doctor spoke it very imperfectly; consequently, it was no easy matter to acquire the above information, and to some of my inquiries I did not get satisfactory replies, as will be shown.

I now subjected the patient to a careful examination. I found a constant dripping of urine from the uretha, and this emitted a disagreeably stale odor, which I have always found present in cases of retention of urine. I found an elastic, yet tense tumor in the abdominal region, extending up to the umbilicus. This tumor was movable, and, although the patient would complain when firm pressure was made on it, yet it could not be said to be very *sensitive.* The tumor being too large for a four months uterus, and not possessing the peculiar elasticity of that organ when gravid, I asked the Doctor if he had applied the catheter before calling me in. He assured me he had done so on the previous day, had drawn off about a pint of limpid urine, but that no effect on the tumor had been produced thereby, and this circumstance had the more fully tended to confound him—he had, in other words, suspected retained urine, but the diagnosis was thus negatived. We had no catheter with us, and the examination was now extended.

I found the posterior wall of the vagina protruding distinctly through the vulva. On passing the finger into the vagina, the parts were found rather warmer than natural, and they were rather sensitive. The finger did not penetrate to the depth of more than an inch before it came directly in contact with a tumor which closely filled the whole cavity of the pelvis, and which possessed precisely that elasticity which is so strikingly characteristic of the gravid womb. Passing the finger on, now, towards the summit of the vagina, the os uteri was with great difficulty found, and it was looking precisely in the direction which would be anticipated in a case of complete retroversio uteri. It was really a difficult matter to get the finger between the os and the pelvic bones. Exploration by the rectum now enabled me to ascertain more distinctly, that the tumor filled the pelvis, and I could not well conceive how the patient could pass fæcal matter, if it should be at all consistent.

Under all the circumstances, I was decidedly inclined to the belief that we had a retroverted and incarcerated pregnant womb, and if the Doctor had not told me of having drawn off such a quantity of water without *any sensible effect on the tumor in the abdomen,* I should have had no hesitation in pronouncing the bladder distended to its utmost capacity. As it was, the patient exhibited no symptoms to make us apprehend immediate danger, (she having been in this condition during four weeks,) and I advised measures to provoke abortion, as a first step, until we could see her on the following morning. It was evident that a gravid womb of four months was retroverted and incarcerated in the pelvis; physical exploration revealed no chance for the reposition of the organ while in the gravid state, and delay could effect nothing, as, if the patient lived, the organ must continue to grow, and thus to make bad worse. With great difficulty I introduced a sound into the uterus, and endeavored carefully to effect such disturbance of the ovum as would bring on uterine contractions. At the same time we ordered the alternate douches of cold and warm water to be resorted to until our return.

On the following morning I met Dr. S. at the house of the patient. We found her pretty much *in statu quo.* Still suffering as before described. Thought she had occasionally experienced uterine contractions, but not at all severe. I now submitted her to a rigid examination, and, amongst other things, introduced a catheter into the bladder. I found that the instrument had to be passed freely inwards before the urine would flow; about half a pint was drawn, and then, on its ceasing to flow, I found the catheter obstructed by a tenacious bloody mucus. Moreover, on placing my hand on the abdominal tumor, I found it *very much relaxed*—in other words, sensibly affected by the operation. At the same time, in repeating questions of the previous day as to the manner of formation of this tumor, I at last heard, that about four weeks before this she had gone to bed without emptying the bladder, and that she awaked in the morning with a tumor in the abdomen, accompanied by pain on pressure and inability to urinate. This was what I tried to learn the day before. The diagnosis was now clear; the case was one of retroversion, and incarceration of a four months womb, (the original retroversion of which took place at three months), with retention of urine and chronic cystitis as a consequence of the accident. The retained urine of the first night had, no doubt, been the original *cause* of the retroversion, but the moment retroversion did take place, it assumed the position of a cause of future retention by mechanical pressure of the neck of the uterus against the neck of the bladder. The patient, from motives of economy, did not solicit medical aid until the lapse of nearly four weeks, and by this time she had become the subject of chronic cystitis, as a consequence of neglect.

Seeing that the case was very serious, that the patient was poor, and that she was so far removed from us as to render it impossible to give her the close attention she required, I advised her immediate removal to the Charity Hospital. At 5 P. M., I found her comfortably fixed in the institution, and the members of my class had the rare opportunity of personally examining her. After getting her into the house flexible catheters were introduced into the bladder, and a large quantity of urine and bloody mucus was drawn off, reducing the size of the abdominal tumor, and giving her great relief. In the mean time, before her removal from home, I had repeated the introduction of the sound deeply into the uterus, and she now told me that she had, within the last two or three hours, had several contractions of the womb, though they were mild in degree. Notwithstanding the removal of the urine and mucus as above, the bladder remained large, though flaccid; but it was thought prudent to desist from efforts to effect the entire cleansing of the organ at present, as she was somewhat exhausted by the efforts already made. Appropriate remedies were directed to the bladder to quiet irritation, etc.

On my return to the Hospital next morning, I had the satisfaction to find that my patient had *aborted*, and her countenance was expressive of the greatest relief and delight. The labor pains had come on gradually during the night, and early in the morning she was delivered of a full four months' child, which I have since preserved in alcohol. The placenta had not been delivered, but I found it lying partly in the vagina, and soon effected its removal. The uterus contracted firmly, and on examination by the rectum, the pelvic tumor was found very much reduced in size.

Catheters were again passed into the bladder, and a considerable quantity of urine mixed with mucus was withdrawn. As the mucus seemed disposed to flow off more freely with the urine, it was deemed advisable not to resort to injection of the bladder for this purpose, as we at one time thought might be necessary.

In the afternoon I saw the patient again, and she seemed perfectly happy. She had had a free evacuation from the bowels during the day, had slept several hours (a thing she had not done for a long time), and all pain had ceased. Her greatest torment, too, (the constant desire to urinate) had left her. Of course there was considerable soreness on pressure about the region of the bladder, and there was an involuntary flow of urine, but there was no longer distension of the organ, and the quantity of contained mucus was already diminishing. The paralysis of the bladder was for the present complete.

The patient improved steadily from this time, and I hoped to be able to effect a complete cure. Of course I had to delay reposition of the uterus until engorgement and irritability were at least greatly diminished—to say nothing of the necessity of waiting on the restoration of the bladder. All was doing well, but at the end of about two weeks she yielded to her great desire to be amongst her children, and went home confident that she was sufficiently relieved. All pain and suffering had subsided, the tone of the bladder was nearly entirely restored, but the uterus was still completely retroverted.

At the date of writing this the patient is still the subject of retroversion of the uterus, but poverty and industry (that is, the irrepressible desire to be up and attending to her children and household) have determined her not to submit to treatment—at least for the present.

To appreciate this patient's condition fully, it was certainly necessary to see her in the midst of her torture and danger. It seems almost miraculous that the bladder should not have yielded to such enormous and protracted distension, and its rapid restoration after the removal of its contents teaches us most forcibly how very far we may rely on the recuperative efforts of nature. But one of the strangest features in the case was the expulsion of the child. When I reflect that it was with the utmost difficulty that a single finger could be passed between the os and the bones of the pubis, I can hardly realize that the four months fœtus, now prepared in alcohol, could be extruded. After such an achievement on the part of the uterus, who can undertake to calculate its expulsive force? And with such an unfavorable case, and so happy a termination, before us, are we not most impressively warned against too speedy resort to any cutting operation for the delivery of the fœtus in similar cases?

SPECIAL SELECTIONS.

THE DISCUSSION ON CHLOROFORM AT THE PARIS ACADEMY OF MEDICINE.

This discussion arose upon a paper read at the Academy by the recently member, M. Devergie. The subject was, "Medical Responsibility in relation to the employment of Anæsthetics;" and the high position its author holds as an *Expert*, and as an official examiner of the bodies of those who die by sudden or violent deaths, confers on his opinions a great authority, not only with the Profession but with the magistracy. On one or more occasions, in France, it has been endeavored to cast upon the Medical Practitioners who have had the misfortune to lose patients during the employment of anæsthetics, the responsibility of such deaths—thus far, indeed, without success. The object of the paper seems to be to state with precision when such responsibility, under the legal definition of "homicide by imprudence," should be valid, and the means by which practitioners may shield themselves from its operation. As the discussion went on, it took a wider range, embracing the question of death from chloroform in general, it being almost unanimously determined by the Academy that M. Devergie's positions were untenable, and would prove most mischievous in their operation to the interests of medicine.

M. Devergie commenced his paper by quoting and protesting against two dicta, the one enunciated by M. Gilbert, and the other by M. Velpeau. According to the former, practitioners under whose hands patients have died during the action of anæsthetics should be held entirely irresponsible for that event; while M. Velpeau declares that all apparatuses that have been invented for the administration of anæsthetics are well-nigh useless. M. Devergie attributes the lesser number of deaths that have taken place from anæsthetics since 1853, as compared with a former period, to the fact of Practitioners being more reserved in recommending, and more careful in conducting their employment. Examining the circumstances under which death has occurred, he finds they are not always the same, and that the results of observation on man, and of experiments upon animals, are somewhat at variance. In most of the fatal cases that have occurred, death has taken place within a few minutes after inhalation, so as to lead one almost to admit what is not the case in fact, a toxical effect almost as sudden as that of prussic acid; or we must seek our explanation of the death in a kind of idiosyncrasy, by virtue of which certain persons may become fatally impressed by this agent, which others will support almost with impunity. In other cases, again, death has not occurred until after repeated inspirations, and this has been especially observed in individuals who are with difficulty brought under the operation of anæsthetics. The first mode of death has been most frequent in its occurrence, but still this latter mode has also taken place. With respect to animals, however, whatever kind of these may have been employed in the experiments, the mode of death has always been the same, the same phenomena always progressively increasing until the extinction of life, and that with intensity proportionate to the quantity administered. In man the cause of death is not always the same, but it is impossible to deny that in some cases this may arise from *asphyxia*. Two kinds of such asphyxia are even possible—the one proceeding from a paralysis of the inspiratory muscles of the chest, and the other from want of air. The first of these may be the result of a prolonged chloroformization, while the other would explain those deaths which may take place from the imprudence of the operator offering an obstacle to the free access of air to the lungs. In certain cases even death may be due both to the direct influence of the chloroform and to asphyxia. In support of these views, M. Devergie stated that, in the legal examination that he has made of the bodies of two persons dying from chloroform, he has found all the appearances of asphyxia accurately displayed; and he ventures to make the remark, that the generality of Practitioners, unaccustomed to open the bodies of persons dying suddenly, and only in the habit of observing organs in the diseased state, are not sufficiently familiarized with these appearances, and their comparison with those of healthy organs. At an autopsy all the organs are displaced for examination, the large vessels are opened and emptied, and the whole of the characters which Bichat depicted with such care disappear. The death from asphyxia is further illustrated by the results of the examination of the bodies of the animals experimented upon under the auspices of the Committee of the Société Médicale d'Emulation, a condition of the organs of circulation and respiration evidently denoting asphyxia being found. In M. Devergie's opinion, also, Dr. Snow's patient, who died from the effects of amylene, died in great part under the influence of true asphyxia. Now, if persons may die asphyxiated in consequence of the inhalation of chloroform, should not the Practitioner be held responsible in the eyes of the law if he has not adopted procedures which testify to the material impossibility of death from asphyxia having taken place from any acts of his? The only means of doing this is the employment of an apparatus which possesses mechanical means for the admission of the air, independently of any oversight or neglect of the persons employing it. He does not think the magistracy should receive as an excuse for the neglect of employing such an apparatus, the fact of thousands of chloroformizations having been accomplished without the aid of any apparatus at all.

M. Velpeau, believing that death may promptly result from the use of chloroform, yet thinks that with due precautions there is little fear of its occurrence. It was at one time generally believed that such death took place through asphyxia, and it is possible that it may occasionally do so. As to an apparatus, it must always be manœuvred by man, for none are self-acting, and care should be taken not to place too much reliance upon it. The intelligence of the assistant must be well taken into account. The sponge, though not fabricated by an instrument-maker, is still an apparatus, and the best of all. It is porous, allowing free passage of air, and is only applied at some distance from the nose. The apparatus recommended by M. Devergie is nowise superior to those in use, and would only do harm by inspiring a deceitful security.

M. Cazeaux observed that few surgeons now use apparatuses; but before blaming them you must prove that death takes place from asphyxia, which is not the case. Death occurs in a few seconds, and before asphyxia has time to operate. M. Cazeaux believes that the sponge is the means best suited to prevent ill effects, and during its use a privation of air cannot so easily take place as it can during the employment of some of the forms of apparatus. He believes the statements of M. Devergie place in the hands of the magistracy a dangerous weapon, which may be employed to the detriment of practitioners.

M. Gibert, while maintaining his opinion, declined entering further into its defence. Considering the important position M. Devergie holds, he thinks his statements ought to have been more maturely weighed. It is perfectly incredible to hear it stated that the mere fact of a surgeon employing an apparatus should save him from all after consequences. Moreover, it is impossible to make a magistrate a judge of the manner in which a surgeon has employed chloroform.

M. Huguier also observed, that he thought that the paper would do much harm, by leading the magistracy to infer culpability when an apparatus was not employed, while M. Robert is the only surgeon in Paris who uses one.

Reference having been made by M. Devergie to the experiments upon animals performed under the sanction of the Soc. Med. d'Emulat., M. L. Lallemand, Secretary to the Committee, transmitted an account to the Academy of the conclusions the Committee drew from experiments performed during a twelvemonth upon more than 150 animals. The action of the chloroform was found to be in direct ratio to the activity of the respiration and circulation, and to the quantity administered. It accumulates in the nervous centres, suspending their excito-motory properties, as well as the sensibility and motricity of the cerebro-spinal nerves. Chemical analysis proves that the brain and spinal marrow contain about ten times more chloroform than the blood and very vascular organs. The respiration was always arrested before the circulation, the pulsations continuing for a period varying from 1 to 6 minutes after the disappearance of all respiratory movements. All animals died when left to themselves after the arrest of the respiration, the circulation continuing. In 10 out of 12 life was restored by insufflation, commencing this after the cessation of the contractions of the heart, and continuing it until respiration had become re-established. Insufflation acts by artificially eliminating the chloroform, and stimulating the excitability of the nervous system. Chloroform is very rapidly eliminated from the economy, the pulmonary surface being the normal channel for such elimination, the cutaneous surface taking little part therein. Death cannot be attributed either to paralysis of the heart or an insufficiency of air penetrating into the lungs; for it may be brought about with the succession of phenomena by injecting chloroform into the jugulars. It is true that the autopsies exhibit a plentitude of black blood, as in asphyxia; but this arises from the persistence of the action of the heart and a diminution of permeability of the lungs, consequent on the arrest of respiration, both phenomena inducing an accumulation of blood in the right cavities of the heart. Death would seem primarily to depend upon the abolition of the functions of the nervous centres, these successively losing their vital properties as the chloroform accumulates in the cerebro-spinal substance. As the intensity and rapidity of the toxical action are proportionate to the concentration of the chloroform vapors, it seems indispensable that these should be diluted with a large proportion of atmospheric air, that should be as constant as possible.

M. Guerin observed, in relation to M. Devergie's opinions on asphyxia deduced from the autopsies, that there are two forms of asphyxia, viz: mechanical primary asphyxia, which is produced by the exclusion of air, and independently of the action of chloroform; and consecutive toxical asphyxia, a secondary product of chloroform intoxication, *i. e.* the result of a paralysis of the dynamic agents of respiration. In the two cases the necroscopic characters would be the same, although the nature of the causes is quite different. Experiment and observation have completely convinced M. Guerin that mechanical asphyxia has never yet been the cause of death to any person subjected to the use of chloroform. He believes that death may be produced in four ways under its influence; 1. By immediate sideration of the general nervous system; 2. By paralysis of the cardiac system, giving rise to syncope; 3. By paralysis of the pulmonary system, giving rise to toxical asphyxia; and 4. By slow and consecutive general paralysis. In death by sideration, death may occur even in a few seconds, all the functions being suddenly and simultaneously arrested; and this condition corresponds to the employment of concentrated, undiluted chloroform. Syncope and toxical asphyxia may also be produced by a kind of local and direct sideration of the cardiac and pulmonary nervous system, as they may also result from the indirect and consecutive action of the chloroform. Attentive observation prevents M. Guerin from agreeing with the statement made by M. L. Lallemand, that respiration always becomes first suspended, and that all animals having their respiration so suspended die; for he has found partial and irregular attempts at respiration after the heart's action has ceased. The phenomena of death by slow intoxication render these observations still more precise; for if chloroform be injected under the skin, death may not occur for five or six hours or more, the pulse and respiration gradually becoming simultaneously imperceptible—it being impossible to say by what vital manifestation death has commenced or terminated. In M. Guerin's opinion, an apparatus should be employed, as the only means of dosing the chloroform and determining its degree of concentration. He described one of his own invention to the Academy.

M. Cloquet observed that M. Devergie's paper related to two points, the dosing the quantity of chloroform, and the prevention of asphyxia. In regard to the first point, he would observe that the variability of the aptitude of individuals renders it quite impossible beforehand to determine the quantity of chloroform that may be required. As to apparatuses, he believed the one he had himself invented to be the best; but after trying it and the others, he is of opinion that they should all be abandoned—the patients really undergoing more chance of asphyxia with than without an apparatus. As to the question of responsibility, the competency of the magistrate cannot be admitted, the practitioner being the only judge, and he amenable only to his own conscience.

M. Larrey likewise objected to the conclusion that death takes place from syncope, and that an apparatus is requisite for the prevention of this. The sponge or the handkerchief is amply sufficient, and with the best apparatus it is as impossible to estimate the quantity of chloroform inhaled, as it is to fix beforehand the quantity that will be required. The apparatus may even become, by the irregularity of its action or the inattention of the surgeon, a cause of asphyxia. M. Larrey is inclined to agree with M. Sèdillot, that the accidents arising from the use of chloroform may be due to the presence of alcohol or other impurities, and that pure chloroform, poured upon a handkerchief and properly attended to, need give rise to no alarm.

M. Robert observed that there can be no doubt that chloroform, even when pure and ably administered, will cause death; and in reference to medical responsibility it becomes necessary to determine what constitutes able administration. Whatever the degree of insensibility it is desired to produce, the capital precept must never be forgotten, that its poisonous vapors should always be mingled with the air in small proportions. It is impossible to determine the quantity of chloroform which will be absorbed in a given time. Some patients inspire slowly or incompletely, others more rapidly and with a full chest. We should commence, feeling our way, with small quantities incapable of doing harm, and gradually increase the proportion of the vapor, while watching the effect. An apparatus, the use of which M. Robert approves of, should fulfil the following conditions:—1. A free and easy passage for the air. 2. A means for the ready discharge of the expired air. 3. The possibility of graduating the concentration of the vapor. And 4. Application to both mouth and nostrils. The apparatuses which best fulfil these conditions, M. Robert believes to be those of Snow and Charrière. The question of apparatus is not, however, of the importance this discussion would seem to imply; and M. Devergie, by bringing forward the deficiency of air as a cause of death so prominently, has committed a manifest error, for, as far as M. Robert knows, there is no authenticated case of death having taken place by this mechanism. The question of responsibility is difficult owing to its complexity, occasioned by the variety of effect required to be induced, the various conditions of the economy in which anæsthetics sometimes are and sometimes are not admissable, and the variety of the dose according to individual susceptibility. But these are not in general the greatest difficulties, which consist in the irregularity of the phenomena themselves, and the accidents which may interrupt their course. In animals the progress of the phenomenon is usually very regular; but in man various accidents may arise. We have at first extreme agitation, evidently due to great cerebral congestion; and at an early period there may be convulsive closure of the jaws or spasms of the pharynx and glottis, which if the apparatus were not removed might give rise to asphyxia. In other cases the salivary and mucous secretions are excited, giving rise to bronchial obstruction and stertorous breathing; and when the anæsthesia is deep the thrusting back of the tongue may become a cause of asphyxia. In some patients a very marked hyposthenic effect is produced during the entire inhalation, and the respiratory movements would cease were they not reanimated at the first signs of giving way. Alarming as some of the above accidents may seem, they are not of so grave a character as might be supposed, for their progress is not so rapid but the careful practitioner may be able to meet them; and up to this time there is no example of their having been the cause of death. But there are other patients, who, after some inhalations which have presented nothing remarkable, and for whom the quantity of chloroform employed has not been large, are mortally seized in a sudden and unexpected manner. Most of the cases on record agree in the instantaneousness of the accidents, and the rapidity of the death—it being a true sideration. It is often impossible to say which of the great organic functions becomes first extinguished; but from an analysis of a considerable number of sufficiently detailed facts, it results that it is usually the action of the heart that is influenced—syncope often being manifested at the instant the operation is commenced. In these cases of sideration the lesions after death have been variable, as well as the mechanism which it has been produced. Some of these lesions are similar to those found in asphyxia, such as stasis in the right side of the heart, fulness of the intracranial veins, etc.; and it is such alterations that have led M. Devergie into error, for they do not arise from mechanical asphyxia, as he supposes, but from chloroform poison. A fact of importance to be borne in mind, first noticed by M. Sédillot, is that the hyposthenic effect of chloroform does not cease immediately, and may even continue to increase for some time after the inhalation has been discontinued; so that we must be on the look out for the possibility of syncope for some time after the patient has come to himself. Finally, how are these accidents to be prevented or to be arrested when they do occur? As to the question of the prohibition of chloroform in a given case, it may be observed that if there are unfavorable circumstances that may make us hesitate and redouble our precautions, there are very few which constitute formal contra-indications, and a limit that ought not to be passed without blame. Of the measures for preventing accidents, the horizontal posture has been properly insisted on, as has an empty state of the stomach. Besides that the induction of anæsthesia is longer and more difficult, and accompanied by more agitation when the viscus contains food, its irritability, at all times liable to be induced by chloroform, is more probable when the patient has eaten. The importance of the occurrence of syncope is too great for attention not to be carefully directed to the pulse, but no less care must be bestowed upon the respiration. When asphyxia is imminent the apparatus must be removed, and appropriate treatment adopted. But what is to be done at that awful moment when, in spite of all precaution, we stand face to face with imminent death? Many patients have been saved by placing them in the horizontal posture, or lowering the head when already so placed. The state of anæsthesia is the great obstacle to the treatment of the syncope by external stimuli. If the respiratory movements become slow or cease, they must be imitated by alternate pressure of the thorax and abdomen, a means employed by M. Robert twice with success. When syncope is present little hope is to be entertained from it, but still it is our only means. "It results from all this that chloroform, whose power is so marvellous, is likewise a poison; and we should follow the rules of therapeutics, which enjoin the employment of energetic substances in moderate doses only. The choice of apparatus is not of much moment, each employing that which he is most accustomed to, providing he does so with prudence. The inhalation should be continuous at first, providing accidents do not call for its temporary suspension. But as soon as the anæsthetic sleep is completely established, and especially where there is resolution of muscles, its application should only be intermittent, repeated only when sensibility seems about to be aroused again. So employed, the anæsthesia may be maintained 'a considerable time without inconvenience. The accidents, such as excitement, spasm or asphyxia, which may interrupt its progress, are not difficult of recognition, and may be arrested by suitable means. Syncope is less amenable, while all that has been hitherto opposed to sideration has proved useless Cases of death from chloroform are happily to rare to compromise the future of anæsthetics, but they are none the less true, and are sufficient to prevent the practitioner from overlooking the danger, and not holding himself always in guard against it. If a calamity of this sort happens we should hold, until proof is given to the contrary, that all has been properly attended to, and not seek to throw upon the practitioner the responsibility of an accident with which the powerlessness of art is alone chargeable."—*Med. Times & Gaz.*

EDITORIAL AND MISCELLANEOUS.

TO THE MEDICAL PROFESSION.

On assuming once more the position of Editor, although in the subordinate capacity of assistant, I beg leave to offer a few remarks to my numerous personal friends and to the medical profession throughout the country, by way of showing the motives which actuate me and the course I expect to pursue. It is now nearly fourteen years since the first viable Medical Journal originated in the City of New Orleans, and if there be any merit in having brought forth and established that periodical, it is due to the memory of a worthy colleague, now in his grave, (Dr. Hester) and to myself. At that time (1844) there was but one medical journal published west of the Alleghany Mountains, and not a single one south of Louisville, Ky.* To show that an impetus was then given to medical progress in the South, it is only necessary to state, that since that period, thirteen Medical Journals, five Medical Colleges, and numerous Medical Societies have sprung up in the Southern States.

Our medical periodicals will now compare favorably with those of any section of the Union, and I firmly believe the spirit is now awakened, which in a few years will enable some of our Southern Medical Schools to compete with those of any quarter of the world, in preparing young men for *Southern Practice.* For four years I labored most assiduously in support of the New Orleans Medical and Surgical Journal, and on retiring, I received the pecuniary remuneration of *one hundred and twenty-five dollars.* Since that time (1848) my pen has not been altogether idle, as the records of the profession both North and South will show. But, although my literary labors have produced such small pecuniary gains, they have brought me that which I consider far more valuable than money; indeed, that which money can not purchase. They have brought me into personal acquaintance and correspondence with the worthiest and most enlightened members of the profession throughout the Union, who have expressed their approbation of my efforts—with charitable leniency towards their many defects,—who have appeared to duly appreciate my motives, and who have even welcomed me with brotherly kindness when I have gone abroad. Such rewards may be considered despicable by those who estimate all labor by the measure of *dollars and cents*; but to one so simple minded as myself, they afford ample remuneration for all my voluntary toil. Within a twelve month, I have entered on a new and higher duty, which will probably expose me to the jealousy of rivals, and to the acerbity of unkind criticism; but I shall not heed such opposition. The mysterious course of events, together with unexpected circumstances, have placed me in the responsible position of *Teacher*, and I will discharge the incumbent duty to the best of my ability. In this, as in every thing else I have undertaken, my ruling motive has been a *desire to be useful*, and my motto—*no man knows what he can do until he tries!*

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*My memory may be at fault in this statement respecting the West. The Transylvania Journal had been in existence long before, and Dr. Drake had also published a Journal at Cincinnati, but I think they had both been suspended previous to 1844.

In consenting to put on again the editorial harness, and to co-operate with my energetic young friend in conducting this new and spirited periodical, I think there is a prospect of doing much good. Although we are connected with a Medical School, we have resolved that our Journal shall be devoted chiefly to the general advancement of Medical Science, and that it shall not be the mere organ of a sectional party or medical clique.

The superior advantages of the New Orleans School of Medicine, and its improvements in medical instruction will be fairly represented, without resorting to *ad captandum* arguments to draw students, or depreciating the just claims of other respectable Schools to patronage. We shall look to the Faculty of this institution as our constant resource for original contributions; but at the same time, we shall be very glad to receive short and practical communications from any other quarter.

In like manner, it may be expected that we will devote especial attention to the cultivation of scientific practical medicine at the South, but this we can, and will do, without undervaluing the labors of our brethren at the North. The physiological peculiarities of the animal and vegetable kingdoms, as observed in the different regions of the earth, are the well known results of physical causes established by the God of Nature, and the remark is equally applicable to their morbid conditions; hence the necessity for physicians, who live in this vast and fertile region, relying on their own observation and experience for acquiring a correct knowledge of its diseases and the best methods of treating them. It is universally admitted by Southern practitioners who have been educated at the North, that it requires at least three or four years for them to unlearn the practical precepts of their Teachers, and to strike the track that leads to successful practice. It is our intention to teach the different branches of Medical Science in a practical manner, and to familiarize our students with the forms of disease usually met with in this region, as well as with the treatment which experience has shown to be the most successful.

We have every reason to expect a vigorous competition, both as journalists and teachers, at home and abroad. To this, we have not the slightest objection; provided, only, it be honorable and liberal. We believe in the beneficial effects of competition; and we shall sustain ourselves in this respect with such ability as we possess. So long as I am connected with this Journal, my influence shall be exerted to maintain the harmony, dignity, and best interests of the profession.

Having thus imperfectly defined my position, as well as that which I understand to be occupied by this Journal, I have only to add, that we shall confidently rely on the liberality of the profession for such patronage and support as we merit, and we ask no more.

E. D. FENNER, M. D.,
No. 5 Carrondelet street.

October 1st, 1857.

From the foregoing salutatory, our readers will perceive that a change has taken place in the editorial management of this journal. My colleagues, Drs. Choppin and Beard, retire, and Dr. E. D. Fenner enters our editorial sanctum in the capacity of Assistant Editor.

It can scarcely be necessary for me to express here the regret I feel on thus severing my editorial connection with those with whom I have been so agreeably associated for more than two years; but this regret is at once largely mitigated by the reflection, that the pages of the New Orleans Medical News and Hospital Gazette will henceforth be even more liberally supplied with the fruits of the labors of my late colleagues, and that I am honored with so intimate an association with him who now condescends to appear before the profession as assistant Editor.

Dr. Fenner has declared the position our Journal assumes. It is only necessary for me to say, that my undivided energies shall be directed to the accomplishment of all he proposes. Mine will be the duty of *laboring* for our patrons, inasmuch as I occupy the position of Editor. All I ask in return is, that they will pay the printer, and contribute to the original department of the Journal.

With this number we send forth the solid evidence of our willingness to be liberal in every sense of the word. We have added eight pages to our issue, and we will add eight more, the moment our patrons show the substantial proofs of their appreciation of our efforts to please.

D. WARREN BRICKELL, M. D.

PROFESSIONAL SECRECY.—Ere this, all our readers have become fully acquainted, through the newspapers, with the disgusting details of the Cunningham-Burdell case in New York. We should not allude to it in our pages, but for the reason that rather a prominent member of our profession, Dr. David Uhl, of New York City, is involved in the affair, and there seems to be a difference of opinion as to the propriety of his conduct in connection therewith. It is meet that every community should know, with certainty, the moral basis on which the true physician plants himself, and the man or woman who seeks the assistance of the physician should fully comprehend the relations which exist between him and his patient.

Dr. Uhl was called by Mrs. Cunningham, not to officiate as *accoucheur* —as the term is understood by all medical men—,but to become a party to one of the vilest of criminal acts. He apparently accedes to her request, but forthwith imparts the secret to a third party (the District Attorney). Now, was, or was he not guilty of a breach of professional secrecy? We think not. Mrs. Cunningham did not occupy the position of a female who is the victim of illicit intercourse, who is seeking professional assistance in her hour of natural trouble, and who—criminal though the act may have been, which ultimately brings her to travail—has a right to expect secrecy at the hands of her medical attendant, if he has agreed to accept the post; but she stands clearly forth as a criminal of the deepest dye, and desirous of drawing others into the dark plot she hopes to successfully mature. In asking Dr. Uhl's assistance, she was imparting no "professional secret," she was laying him under no obligations to be silent; he had a right to expose her if he pleased—though we think he could, and should have done it, without seeming to acquiesce in her plans.

But here we are brought to the second point of interest in the matter. Dr. Uhl apparently accedes to the plans of Mrs. Cunningham, he leads her to believe that he is the man for her purposes; and then, not only divulges the whole affair to the District Attorney, but makes himself an enthusiastic tool in the hands of this officer to procure the complete conviction of her who may be very aptly termed *his victim!* What medical man, who has a proper appreciation of his position in society, or who has anything like a just conception of real morality, can sanction such an act as this? Aye, what man, medical or non-medical, who has ever had his soul imbued with those early precepts which are the prominent part of our apron-string tutelage, can for a moment contend that he is right in making himself a *doublefaced* party to such a deed? One word of warning to the miserable wretch of a woman, one kindly expressed threat to expose her if she persisted in her purpose—all accompanied with properly expressed indignation at being invited to participate in crime—; this cheap and simple means would have not only covered the ground of the physician's duty, but would have snatched one revolting crime from the record which degrades the community in which all the parties dwell. Instead of this, however, Dr. Uhl steps down from the sphere of the dignified and honorable physician, and wallows in the mire with a "detective police"! Lawyers will condemn the District Attorney, and blush for shame when his name is mentioned: and so must Dr. Uhl ever fare at the hands of every true physician. We regret to have to record our condemnation of his course; but we feel that we have done it fairly and without haste. We only hope that his unworthy example will be a warning to our brethren in all time to come.

GELSIMINUM SEMPERVIRENS IN GONORRHEA.—In the Charleston Journal, for July, we find a letter from Dr. Jno. Douglass, of Blackstock, S. C., recommending the tincture of yellow jassamine root as a most valuable remedy for gonorrhea. He says he has treated many cases, with uniform and speedy success. He says that in every case he has treated, the dose, night and morning, has been such as to narcotize the patient, though he does not know that it is necessary to push the remedy to this extent. A handful of the root has been thrown into a "common junk bottle of whisky," and in a day or two, a tablespoonful of this has been given night and morning.

We have never given this remedy for gonorrhea, but we have seen it administered, in the shape of "Speed's fever tonic," a quack nostrum used in Mississippi, (which is nothing more than a strong tincture of yellow jessamine), and we have seen the eye-lids droop, and all the symptoms of severe narcotism ensue, under far smaller doses than those indicated by

Dr. D. The tincture is evidently a medicine of great power, and should be used cautiously.

SEA-SICKNESS CURED BY CHLOROFORM.—In the Lancet for September, Dr. W. P. Harris strenuously urges five drop doses of chloroform as a cure for sea-sickness. He allows the stomach to be emptied, and then administers the chloroform in water every four or six hours.

NECROLOGY.—"*Marshall Hall is Dead!*"—Such is the sad announcement which comes to us from across the waters. What man is there, who has even the faintest knowledge of this illustrious devotee to science, who will not feel his heart throb regret that the world should have been robbed of one so eminently honorable and useful? Strange are the ways of Providence! Even he, who was busily and nobly engaged in the search for lengthening the term of man's life, finds but death for his pains.

And yet how almost enviable was his end! Laden with honors until there seemed nothing more for him to desire, he may be said to have closed his career with an act worthy to be called his crown. Whenever the name of Marshall Hall is mentioned, the honesty and liberality displayed by him towards Dr. Campbell, of Augusta, Georgia, will be recalled to mind. What a pity it is that another Marshall Hall could not have been concerned in the contest for priority in the discovery and application of anæsthetics! As it is, the world is in comparative ignorance on this subject, and the proper award can only be made by coming generations.

"A POCKET FORMULARY AND PHYSICIAN'S MANUAL—EMBRACING THE ART OF COMBINING AND PRESCRIBING MEDICINES TO THE BEST ADVANTAGE, ETC., ETC., ETC.—*By Thomas S. Powell, M. D., of Sparta, Georgia.*—We unhesitatingly commend this little book to the profession. In a small space it embraces a vast amount of information, and must be valuable to all who have not great confidence in their memories. To young physicians it seems to us especially useful as a guide through the labyrinths of practice. And then, again, it is prepared by a Southern physician, and being in all respects equal, if not superior, to anything of its kind hitherto published, we are sure it will be patronized. The motto of the author is—

"He who does his best, however little, is always to be distinguished from him who does nothing."

The book is to be had at Morgan's and White's.

New Orleans School of Medicine.—We take pleasure in reporting to the friends and patrons of the New Orleans School of Medicine that everything is in readiness for the ensuing lecture season. The new wing of the College is now complete, and we venture to say that the institution is not surpassed in the country in point of comfort, elegance, convenience, and all things necessary for conducting a complete course of medical lectures. Indeed, we flatter ourselves that the institution, young as she is, is a little ahead of the best; but we are willing that visitors shall decide this point.

With a hospital, dispensary and dissecting material all free to the student of medicine; with a building and all the necessary paraphernalia unsurpassed; and with a faculty determined not to be excelled in industry and energy, we see nothing but success in the future of the New Orleans School of Medicine. Our students are already returning to us, and they are bringing new ones with them.

Health of our City.—In our September issue we announced the uninterrupted health of our city. On the 9th of September doctors' carriages were seen running to and fro rather more freely, and, on inquiry, we ascertained that Influenza (once called Tyler Grippe, we believe) had appeared quite suddenly, and in a few days every body complained to every body of a "bad cold." Some were put to bed, of course, but all got well if they were not doctored too much. Up to the present date (Oct. 1st) this uncomfortable disease is troubling our population, but all seem to take it philosophically, as they hear that it is prevailing all over the surrounding country.

On the 10th day of September a case of genuine yellow fever was admitted into the Hospital, and the following day the patient died. We believe the "ticket" was not signed yellow fever, as some shook their heads doubtingly.

On the 16th of September another genuine case of yellow fever was admitted into the Hospital, and we believe all heads nodded assent on this occasion. This patient also died. And now, from day to day, one, two or three cases of the disease were admitted, until, on the 30th of September the total number of deaths by yellow fever amounted to sixteen.

How did this fever get here? Let him answer who can. All we know, or care to know now is, that we followed up the first six or seven cases (men and women), and we found that they were all unacclimated persons, and that they all came from one and the same little locality, viz: Girod street, between Commerce and Tchoupitoulas. Since the admission of these cases we learn that others have come in from the same locality, and ultimately a few have come from other and far remote localities. We do not pretend to offer any suggestion as to cause and effect in the origination of these first cases, but an unfortunate coincidence has occurred in relation to the business, and upon this unprofessional men have hopped as a clear explanation of the whole affair. The steamship Texas has been plying regularly between this port and Vera Cruz (at which latter place yellow fever has been prevailing), and at each trip she has been moored within a few hundred yards of the locality from which the first cases were brought—and which is, by the by, one of the filthiest spots in our city. It has been said, it is true, that the Texas could not have brought the disease here, inasmuch as she has been carrying neither passengers nor freight; to which the importationists reply—"well, what sort of business is she engaged in?"

But the reader must not be alarmed. We said there have been sixteen deaths in the Charity Hospital. So there have. But there is no evidence whatever of the spread of the disease; in fact, it is on the decline. More than this, we cannot hear of a case amongst the "better classes," who have flocked back to the city in great numbers. All the cases have occurred amongst the low, who live amidst all the accompaniments of poverty. Our unacclimated students in the Hospital have passed unscathed, and others are coming in daily. We candidly believe our city to be as healthy as any in the Union at the present time, and we cannot think that an unacclimated individual who has the means of living comfortably runs any risk in visiting the place.

Report of Deaths in the City of New Orleans, from the 23d *day of August to the* 27*th day of September*, 1857.—From the 23d to the 30th day of August, 102 deaths; men, 25; women, 11; boys, 35; girls, 31; colored persons, 13.

From the 30th day of August to the 6th day of September, 93 deaths; men, 27; women, 14; boys, 25; girls, 27; colored persons, 18.

From the 6th to the 13th day of September, 106 deaths; men, 29; women, 24; boys, 30; girls, 23; colored persons, 22.

From the 13th to the 20th day of September, 115 deaths; men, 39; women, 21; boys, 23; girls, 32; colored persons, 18.

From the 20th to the 27th day of September, 103 deaths; men, 25; women, 22; boys, 26; girls, 30; colored persons, 11.

Total deaths five weeks, ending September 27th, 519—men, 145; women, 92; boys, 139; girls, 143; colored persons, 82. Under 1 year, 168; from 1 to 2 years, 40; over 60 years, 22.

BOOKS AND PAMPHLETS RECEIVED.

"Life: its relations, animal and mental; An Inaugural Dissertation. By J. Dickson Bruns, A. M., M. D." This Dissertation has been published in the Charleston Medical Journal, and we have read it as it appeared in those pages. The author is evidently a man of education and great industry, but we do not think he has told us any more about Life than the world has previously known, which is just nothing. We are obliged for the copy sent us in pamphlet form.

"Exsection of the entire os calcis. By J. M. Carnochan, M. D., etc., New York." A very interesting account of a case, with admirable colored plates to illustrate it.

"Committee's Report on Yellow Fever at Norfolk in 1855."

"Transactions of the New Hampshire Medical Society, (sixty-seventh anniversary) held at Concord, June 2d and 3d, 1857." Together with the "Report of the Committee on Surgery, by George H. Hubbard, M. D." We have been much interested in these Transactions, and especially so in the Report of the Committee on Surgery. Dr. Hubbard is one of New Hampshire's working men.

"Physicians' Visiting List, 1858." From Lindsay and Blakiston, Philadelphia. A very useful little affair.

List of Payments—*To October* 1*st*, 1857.—R. J. Turnbull, 1857, $5; Mr. L. P. Conner, 1857, $5; R. B. Baker, 1857, $5; G. W. Leatherman, 1857, $5; J. J. Hulse, 1857, $5; E. Doumeing, 1857, $5; C. Edwards, 1857, $5; A. Donnaud, 1857, $5; Mr. Blood, 1857, $5; —— Wood, (N. O.) 1857, $5; S. W. Hamilton, 1857, $5; —— Hays, (N.O.) 1856, '57, $10; E. Hyde, 1857, $5; Amzi Martin, 1857, $5; W. A. Conway, 1857, $5; C. Delery, $5; S. Greenleaf, 1857, $5; W. G. Austin, 1857, $5; J. N. Allison, 1857, $5; C. Beard, advertising, $5; Thos. Hunt, 1857, $5; J. F. Thorpe, 1857, $5; W. R. Nelson, on account, $10.

Cannot our friends in the country pay up more promptly? They are *Three Thousand Dollars* behind hand at the present date.

EXCERPTA.

Vaccination.—*By L. A. Smith, M. D., Newark, N. J.*—I have recently looked over the proceedings of the late meeting of the Medical Society of New Jersey, and the interesting address of the President on re-vaccination, and have amused myself in jotting down my own experience, which I send you.

I was vaccinated in 1810, and had a moderately sore arm, from which matter was taken to vaccinate others. My first exposure to smallpox was, as far as I know, about twelve years after, when I had commenced the practice of medicine, and from this I escaped. At that time I vaccinated my first child, and re-vaccinated my wife and myself. With me the virus took but little effect, and soon passed off. My wife had a pustule not unlike other vaccine pustules at first, but more readily forming a scab, which was gradually enlarged to the size of a shilling, and was a long time in healing. This effect I have often noticed since, in other patients. She was vaccinated when an infant, in the year 1802, by the late Dr. Abram Clark, of this city, and, I have heard the doctor say, was the first person vaccinated in this State; and that he obtained the virus form Dr. Benj. Waterhouse, of Cambridge, My child, vaccinated at the same time with myself and wife, had the kinepock perfectly, as did several other children, proving the purity of the virus. Two years afterward, having occasion to vaccinate my second child, I re-vaccinated all the members of the family. The infant took the disease and passed regularly through it. All the rest of us escaped with a slight local inflammation for a few days. I pursued this course in my family at intervals of two or four years, till all of my children, six in number, had passed the ordeal, and all, in my opinion, were secure against smallpox. Some of them had small pustules, and in one instance a bad sore, which was long in healing. To prove that the vaccination has not worn out, I have only to state, that I am very frequently attending smallpox, and that my son, the second in the list above mentioned, has been seven years in the practice of medicine, and has been often exposed to smallpox in its most virulent form, among the poor of the city, as Ward Physician, and we have both escaped.

That vaccination disarms smallpox of its virulence, reducing it to the mildest form of varioloid, even after the contagion is in the system, has been verified in my experience in no less than four instances. In all of them, I knew the patients must have been thus exposed for some days, one six, and by vaccination they all passed safely through the disease with but little fever and short confinement, and fewer pustules than I have ever seen in other cases of varioloid.

From my experience thus stated, in part, I have formed the following opinions:

1st. That a *perfect* vaccination affords a *perfect* protection from smallpox, during life, and that if this be done in *all instances* soon after birth, smallpox may be *eradicated*, as Dr. Jenner supposed it would be.

2d. That in many subjects one vaccination is sufficient to eradicate the susceptibility to smallpox, while in others two and some times more are required, and therefore it is important to re-vaccinate as long as an impression can be made. This in families can be done, as it was in my own, as new members are added to their number.

3d. That vaccination will protect the life, and greatly mitigate the distress of a patient who has already taken the smallpox, if done in time to allow the first disease to pervade the system.

4th. That the common idea that the sorer the arm, from vaccination, the better the protection, is a mistake, and that a very small pustule which goes through the regular stages and produces a constitutional effect about the ninth day, is more generally *perfect* than one that produces great inflammation, pain and swelling of the limb, and affecting the glands. Indeed, I am always suspicious of a case where this has occurred, and take an early opportunity to re-vaccinate, and had often had my suspicions verified by a good pustule.

5th. That the virus should always be taken before the areola forms, if taken from the pustule, and with great caution, as it does, in some instances, interfere with its progress. My own practice has been to save the scab and insert it in a pulverized form, by means of Fancher's Vaccinator, which is a very convenient instrument, and saves much time, and never produces unnecessary inflammation.

6th. That the virus should never be taken from any but healthy infants of healthy parents, and then there is little danger of propagating any other disease, as many think may be and often is done.

7th. That eruptions often occur after the most careful vaccination, and are owing to some peculiar idiosyncrasy, although the friends of the patient believe that it was owing to the virus. Hence the importance of the last rule, which may save the physician from blame.

8th. That a small scar with pits and indentations around its border, is a much better evidence of the perfectness of vaccination, than a large, smooth and glossy one, though many think that the bigger the scar the better the vaccination.

9th. In re-vaccinating a patient who has a good scar, if the matter produce inflammation and itching for a few days and then dry up, I infer that the first vaccination was *perfect.* If it does not produce any other effect than is common to a slightly abraded surface, I infer that the virus is not good, and immediately make another attempt with a new supply.

I could illustrate all these opinions, by reference to cases under my own experience of 36 years, were it worth my while to write, or yours to print them. In this time I have vaccinated many thousands, and have been a careful and interested observer, and have yet to hear of the first instance of any case of varioloid or smallpox in a person vaccinated by me satisfactorily, except the four already mentioned; and if these crude thoughts assist any of the junior members of the profession in their search after the better way, I shall be more than satisfied.—*Med. and Surg. Reporter.*

[The above remarks are worthy the serious attention not only of the medical profession, but of the community at large. My own experience confirms every observation of Dr. Smith. I was vaccinated in childhood, and it was not repeated until I became a practicing physician; but whenever I have had to attend a case of smallpox, I have always re-vaccinated myself, and have thus far escaped the disease. I have seen a child protected by vaccination after having been exposed several days to smallpox, and continuing in the room with other children laboring under the disease. Smallpox seems to be on the increase, of late years, and I believe it is attributable entirely to the neglect of vaccination and re-vaccination. I have observed one thing, which I do not recollect to have seen mentioned in any work on the subject; and that is, the great difficulty of making vaccination take effect in the hot summer months; and if it does take effect, it is liable to make a bad sore. Hence, I decline vaccinating here in the months of July, August and September, unless there should be imminent danger from the vicinity of smallpox.]—F.

OPACITY OF THE CORNEA REMOVED BY AN OPERATION—*By C. R. Agnew, M.D., Surgeon to the New York Eye Infirmary.*—P. K. a German, æt. 41 years, came under my care, at the New York Eye Infirmary, in April, 1856, for superficial opacity of both corneæ.

He stated that fourteen weeks previously, he had had his face and eyes burnt by the explosion of a gunpowder blast, that his vision was not materially impaired at first, but that it began to fail on the occurrence of inflammation and continued to diminish until, at the expiration of three months, perception of sight alone remained. During the progress of the inflammation various collyria were employed, and when using a solution of acetate of lead, he became rapidly blind.

Up to the day of his admission to the infirmary, he had constantly suffered from photophobia, lachrymation, and a continued sense of ocular distress, which at times amounted to severe pain, and spread to circumorbital parts.

Rest and consequent recovery from the fatigue of his recent journey enabled us on the day following his admission, to make a careful inspection of the eyes. Upon the centre of each cornea was a white enamel-like, circular patch, which, diminishing in opacity towards its periphery, disappeared in a narrow setting of transparent cornea, about a line in breadth. The patches reflected light quite brilliantly, and a thin substance seemed to be deposited beneath the ephithelial layer, and either external to, or imbedded in, the external elastic lamina.

With the assistance of atropine, we could observe, by an oblique glance, that the pupil was free in both eyes, and largely dilated. There was considerable zonular vascularity, and conjunctival redness, both of which were increased by the efforts made to expose the globe.

As the opacity seemed to be superficial, and no hope could be entertained of procuring its absorption by topical or general medication, I determined to resort to an operation.

The patient was accordingly placed in a supine position and profoundly etherized. The right cornea was then exposed by means of a spring speculum, and motion of the globe anticipated by a grasp upon the conjunctiva with a pair of forceps. With a Beer's knife I first scraped off the epithelium, which proved to be the covering of the opacity, and the occasion of its lustre, and then, by a scraping and picking motion, attempted the removal of the foreign substance. From the centre of the cornea, a white scale nearly a line square was removed by an easy motion of the knife, disclosing a transparent cornea.

The removal of the patch increased in difficulty as we approached its periphery, where the particles of earthy matter seemed to be glued together, and to the external elastic lamina, by lymph or thickened epithelium. Especial difficulty was encountered in endeavoring to pare away the opaque substance from the margin of a little pit, in which still rested the insoluble debris of a granule of powder. We were much pleased to find our scraping rewarded, however, by a tolerably clear view of the iris. The same procedure cleared the left cornea of a similiar opacity.

On the patient's returning to consciousness, he complained of greatly increased photophobia, a condition now easily explained by the absence of the corneal epithelium.

The closure of the eyes by strips of adhesive plaster, and confinement in a darkened room, relieved the patient of the photophobia.

No symptoms indicating interference occurring, the eyes were kept closed, and occasionally bathed with tepid water, until the fifth day, when, on removing the adhesive strips, the cornæ were found glistening as if covered by epthelium, and free from any considerable opacity. Where the periphery of the patches had been, was a faint line of a bluish-white color, and in one or two places over the general corneal expanse, there were little specks, but not amounting in the aggregate to any serious obstruction of vision, as was evinced by the patient's ability to read the text of an ordinary German Bible.

Three months from the date of discharge from the Infirmary, which happened ten days after his admission, I received a letter signed by him, but written by his employer, in consideration of the inability of the former to write English, in which he says his eyesight is not only sufficient for the ordinary purposes of a farm-life, but such as enables him to read with ease.

The scales and scrapings were kindly and carefully analyzed by Professor Doremus, who reported an entire absence of signs of lead, but unequivocal indications of the presence of an earthy salt; which evolved, under the action of an acid, carbonic acid.

I would not have delayed so long upon the description of the above case, if I had not been convinced of its intrinsic interest.

Those who are familiar with the history of corneal ulceration, and consequent cicatrization, will not expect to remove such opacities as have their lodgment in the tubular structure, but there is a class of cases in which the above is included, for which an operation promises much.

Mr. Bowan, who was, I think, the first ophthalmic surgeon to remove corneal opacities, though it has since been accomplished by Dixon, of London, and others, gives an interesting account of the removal of earthy deposits from the cornea, in the appendix to his *Anatomy of the Eye.*

In addition to the case which I have so imperfectly related, I have since removed smaller opacities with great facility. The fact as indicated in P. K.'s case, of the deposit of the opaque substance upon the external elastic lamina, where it is covered by epithelium, is enough to shake our confidence in the entire list of those collyria which are used to promote the absorption of corneal opacities. For any collyrium which would induce a solution of the substance forming the opacity, must exercise its influence through the epithelium.

We do, it is true, see opacities of the cornea in children gradually become thinner as life advances, but it is very doubtful if, even in them, who have the advantage of both repair and growth, a cicatrix, which involves the laminated or tubular structure, ever loses its whiteness.

We so commonly see opacities of the cornea which can be directly traced to the use of saturnine collyria, that it becomes a question whether they should not be banished from use in those inflammatory diseases of the eye that may induce ulceration of the cornea.

Indeed, is there not a good deal of heresy as to the proper treatment of ulcers of the cornea? I have, in my limited experience, more than once known an ulcer of that tissue, which had grown worse under misapplied topical treatment, rapidly heal up under the constitutional effect of a few doses of bark and soda. It is true that we should not neglect local treatment, but as a general rule, the use of lead collyria has either been inoperative for good, or productive of opacities. It is true that in P. K.'s case, the scales removed did not respond to the tests for lead, but who has not seen, while using lead washes, opacities of the cornea come on in such a manner as to preclude a doubt as to their origin?

And it matters not whether the opacity be an actual deposit of a salt of lead, or the result of mal-nutrition induced by its pressure merely in bathing the eye.

But since, in consenting to communicate this case, I did not promise a rambling disquisition upon corneal disease, I must close. I will, hereafter, endeavor to contribute some remarks upon the treatment of ulcer of the cornea.—*N. Y. Journal of Medicine.*

Case of Vesicular Disease, supposed to have been Contracted from a Sheep—Death—Autopsy.—*Reported with Remarks, by Joseph Allen, House Surgeon.*—In the Medical Times and Gazette for June 17, 1856, was reported a Clinical Lecture delivered by Dr. George Burrows, at St. Bartholomew's Hospital, on some cases of "a Vesicular Disease contracted from Sheep." A case having a strong resemblance to the two mentioned by Dr. Burrows occurred this week at the Liverpool Royal Infirmary; I regret to say that the case terminated fatally; but a post-mortem examination having been made it may serve to fill up what was wanting in the other two cases.

Samuel Paul, aged 11 years, a thin, sickly-looking lad, was admitted about 5 p. m. into Ward No. 13, on July 19th, 1857. The following was his condition as observed at the time:—Countenance pallid, expression anxious and depressed. Sordes on teeth and gums; nares clogged with discharge, which has dried. He lies in a sleepy state, scarcely answers questions, and does not ask for anything either to drink or eat. Respiration slightly hurried. Both eyelids on each side exhibit a raw surface, and a sero-purulent discharge oozes from them; corneæ clear. His body presented the following appearance:—On the back of the hands, between the fingers, and over each joint, and also along the sides of the palm of the hand, were vesicles of different sizes, mostly confluent, from the size of a pea or less to that of a walnut, some containing serum merely, others a sero-purulent fluid; and others, and by far the more numerous, being dry, and showing a red base, the cuticle over it being shrivelled, but entire.

On the wrists were large bullæ, oval in shape, and of the size of an egg, also some on the forearm on both aspects, on each elbow, and a few on the upper arm. These were in different stages. Some also were of oval form, others circular; a mixture of vesicles and bullæ, perfectly symmetrical, on either side throughout. All showed evidence of a more or less inflamed base, more especially the more recent ones, the red margin contrasting strongly with the natural color of the skin, and the white or yellowish-white of the vesicles. There were a few large partly ulcerated circular spots on the shoulders, on the scrotum, and penis. The cuticle was entirely gone, and the surface raw. On the inner part of the thighs were several large surfaces ulcerated. Several large bullæ, containing sero-purulent fluid, were on the knees, and also on the legs, especially on the inner side and the back. Around the ankles and along the inner side of the foot to the toes were many bullæ, and some vesicles confluent. The toes, and between them, presented the same appearance as the hands, the soles being free, as were the palms, save at the edges. Along the edges of the lips the appearance was more that of the vesicles of the herpes. From these and from the nose were offensive discharges, which had more or less caked. The breath had a peculiar fetid odor. Skin dry and warm; pulse small, frequent, easily compressible; tongue, as far as can be seen (for he cannot open his mouth, owing to the state of his lips), dry and brown; bowels open once to-day; motions reported relaxed and dark; no retention of urine. Seems irritable when touched, otherwise is generally insensible to pain. On the sole of the left foot is a wound of the size of a sixpence; edges dry and irregular.

History.—His mother is dead, and his father is a ship's-carpenter, and he is consequently left to take care of himself, and appears to be generally running about the markets, stables, and slaughter-houses—seldom or never wears shoes or stockings. On the 8th ult., eleven days ago, whilst driving some sheep, was wounded in his left foot, but kept about. On the 12th (seven days ago), complained of pain in his left heel, and did not seem well. About the evening of the 14th, or morning of the 15th, small red spots were noticed on his legs; could not say on which leg first, and then soon after on the forearms, and other parts subsequently. These, as the friends state, "became blisters, and the water afterwards became corrupted." At first he was very feverish, and they gave him some simple medicine, afterwards a medical man was called in, and becoming worse, the lad was recommended to be brought to the infirmary. About this time last year, his father says, he had some blisters like these across his loins and on his thighs, which lasted a few days; he has generally been a healthy child.

Treatment.—He was at once ordered wine and beef-tea and a small quantity of brandy, and a mixture containing potassæ chlorat. and liq. cinchonæ. The limbs were dressed with oiled lint and a thin layer of cotton wool, some of the raw surfaces dusted with starch, and water-dressing to the eyelids.

Progress of the case.—He is obstinate, and some pains and trouble are required to get him to take food, etc. It appears that the medical man had ordered bark and chlorate of potash, etc., before the boy was admitted; but his friends could not manage him. He was liberally supplied with wine, beef-tea and arrowroot, and on the morning of the 21st seemed better. During the day, however, he gradually became worse, and died quietly early on the morning of the 22d. There was a very slight diarrhea on the 20th; bowels only open once on the 21st, however. Many of the vesicles were drying up, and no fresh ones had made their appearnnce since his admission.

Autopsy, ten hours after death.—Rigidity remaining inlower extremities, most of the vesicles are dried up, and the red appearance of their base lost, looking now of a dingy hue. Muscular tissue healthy. *Pleuræ* healthy, slight adhesions on the right side posteriorly. *Lungs—upper lobes* emphysematous; and at their lower and free margins, and extending into the lobe, some interlobular emphysema. *Lower lobes*, post-mortem congestion; healthy save posteriorly extending from the upper to the lower border perpendicularly, and including three or four lobules close to the pleural surface, where it was in a state of hepatization—a lobule here and there appearing of a lighter color than the rest. On cutting this across, a thin, whey-like fluid was observed, and under the microscope some pus cells were discovered; this perpendicular line of hepatization was strongly conspicuous beneath the pleural surface—that on the left lung was somewhat more marked, otherwise both were symmetrical. Free margins emphysematous. *Bronchi* healthy. *Heart* healthy, all the cavities contained firm separate coagula. *Liver* natural size; irregular yellow patches observed on convex surface, beneath the capsule, which is here adherent, and leaves a rough surface when stripped off. On making a section, these patches appeared scattered irregularly, in some places more or less circumscribed, in others diffused, and in the latter the liver had a greasy appearance. On a closer examination, it seemed to be due to some state of the lobules, some lobules being entirely of this hue, others irregularly so. The tissue of the liver generally firm. Under the microscope, no deposit could be detected, but the heptatic cells appeared altered, and contained a larger amount of oil globules than natural, there were also free oil globules observed. *Spleen* of natural size, firm and healthy, not congested. *Kidneys* pale, healthy. *Stomach* and *intestines* presented nothing abnormal. *Mucous membrane* of mouth, pharynx. etc., apparently healthy; at the lower half of the œsophagus, however, the mucous membrane was gone in patches, and there were also some rough tawny-looking patches here and there. *Brain* firm, healthy. No inflammation of the veins of the left leg.

Remarks.—There can, I think, be but little doubt that this case is a parallel one to the other two. The lad is about in all manner of places, gets a wound in his foot while driving sheep; and what more likely than that some animal poison are absorbed into the system through this wound? The symmetry of the disease, even in the lungs, is worth noticing. The condition of the liver, and the hepatization of the lungs readily explained by supposing some inflammatory process set up by the presence of an irritating poison in the blood. It would be superfluous in me to do more than refer your readers to Dr. Burrows' lecture; and I am glad of being able, even in this slight degree, to confirm the opinion of one to whom I owe so much, and whose kindness I can never forget.—*Medical Times and Gazette.*

REAL IMPORTED PORT.—A CAUTION TO WINE DRINKERS.—A great sensation has been caused at Oporto by the discovery of extensive frauds in the wine trade. It appears that mixtures to represent port wine are manufactured in England and Hamburg, and sent out in ships to Oporto, when, by means of falsified certificates, the mixtures are imported into England as port wine. About three thousand pipes of this mixture are now in London. Ten pipes of the mixtures have been seized by the customs at Oporto on board a ship from England. The captain declared he had the pipes on board merely to give the wine the benefit of a sea voyage. The mixture has been tested, and found to be a composition of bad alcohol, molasses, and the essence of tar! The Portuguese authorities refuse to give up the ten pipes. There can be no doubt but that they would have been imported into England and sold as the veritable production of the Douro shipped at Oporto.

TREATMENT OF CHOREA.—Dr. Barlow still continues the employment of the iodide of zinc in the treatment of chorea when complicated with struma—a remedy which he introduced into use, and to which we then adverted about two years ago. In cases in which there is no peculiarity of diathesis he employs the sulphate, but in those in which any indications of struma exist he prefers the iodide. Besides its influence over the scrofulous cachexia, it is quite possible that the iodic element may be useful against the rheumatic diathesis to which the choreic is so close a congener. Good authorities are not wanting who would account for the frequency of heart complications with chorea by supposing that the latter is a condition very closely connected with rheumatism, depending upon similar causes, and occurring more frequently in those liable to it than in others. A little girl was discharged the other day from under Dr. Barlow's care in Guy's, in whom, under a course of the iodide of zinc for chorea, a loud cardiac bruit had very much diminished in intensity.

ON THE TREATMENT OF GONORRHŒA WITHOUT SPECIFIC MEDICINES. Having stated the necessity which existed for basing all decisions as to the value of remedies on written cases only, and for examining carefully the properties of one remedy at a time, till its true value had been ascertained, the author proceeded to give the result of his inquiries as to the action of certain curative measures in uncomplicated cases. All cases having been rejected which were not traced to their termination, it was found on careful analysis that the antiphlogistic plan of treatment did not appear to exert any material influence over the course of the disease; that waiting as many days with the same amount of rest and low diet, was equally serviceable. Local bleeding, to whatever extent it was carried, was not found to produce any real abatement of the symptoms, it only made the patient more languid and indifferent; aperients and purgatives, with zinc injections, were about equal to specifics, as were also injections of nitrate of silver used without medicines. A combination of these formed a useful but not a certain plan of treatment. The result of the inquiries was, that chloride of zinc, in whatever way used, was not superior to the nitrate of silver; that injections of either could not be relied on; but he denied that any proof of their producing stricture or orchitis, except in a very small number of cases had been brought forward. The author then recommended the preparations of potass as the most certain remedies yet introduced. Mr. Langston Parker, Mr. Henry Thomson, and many other surgeons had tried them with complete success.—*Med. Times and Gazette.*

SALE OF POISONS BILL.—This Bill, as amended by the select committee of the House of Lords, has been printed. The list of "poisons," defined as such, has been much reduced. It now includes arsenic and its compounds, corrosive sublimate (the bichloride of mercury) and its solutions, the poisonous vegetable alkaloids and their salts, Prussic acid, the cyanide of potassium, the essential oil of bitter almonds, and mixtures containing it, cantharides, aconite and its preparations, opium (crude or in tincture extract, or powder), chloroform, oxalic acid, and salt of sorrel, nux vomica (whence strychnine is derived), tartarized antimony and cocculus indicus. Poison must only be sold to a person of full age, in presence of a witness of full age, and upon the production of a certificate; and after 185– no poison can be sold without licence except by a medical practitioner. It would appear, however, that poison may be sold to any person who is not unknown to the vendor.—*Med. Times and Gazette.*

AMYLENE CONDEMNED AT THE ACADEMIE DE MEDICINE.—M. Giraldès having recently sent a paper to the Academy entitled, "Clinical Study of Amylene," MM. Robert, Larrey, and Jobert formed the committee to which it was referred. In the report read on the 18th instant, M. Jobert details various experiments and observations he has since made with this substance, both with and without apparatus; and he comes to the conclusion that amylene exerts an energetic and dangerous influence. The statement that has been made, that it is less active than chloroform, is only true when it is administered in the open air, and is explained, he says, by the rapidity of its evaporation. If only a sponge be employed, there are only produced, after a period varying from nine to nineteen minutes, muscular agitation and acceleration of pulse, effects that ensue in from five to seven minutes if the sponge be placed in a cone of pasteboard. If an apparatus be employed, however, amylene becomes a most energetic anæsthetic, the desired result occurring in two, and often in one minute. The effects of this agent are the increase of the number of the pulse by thirty or forty, the modification of the color of the blood, and the perturbation of the nervous system, inducing insensibility, coma, and the abolition of the intellectual power. It is thus a toxical agent, acting simultaneously upon the vascular and nervous systems. M. Giraldès does not advance sufficient proof that amylene is less dangerous than chloroform; and even M. Robert's proposition of employing it in certain exceptional cases is not admissible, inasmuch as amylene possesses the inconveniences, without the advantages, of chloroform. Chloroform does not, like amylene, deprive the blood of its red color; and while chloroform depresses and renders the pulse slower, amylene quickens it, producing congestion of organs. Amylene is of difficult administration, while chloroform is easily given. Chloroform has furnished to M. Jobert the same satisfactory results at all ages, and he believes that it is not more injurious in infancy than at a later period. He proposed that the conclusions of the author in favor of amylene should not be received; but as the communication is interesting in other points, the thanks of the Academy should be returned for it.

Mr. Velpeau proposed a stronger condemnation of amylene on the part of the Academy; for from the experiments of the reporter, it was evident that amylene was more difficult to manage, and more dangerous in its results. In the recent case of death from it, there were not the attenuating circumstances adduced for chloroform or ether, such as the want of skill or experience of the manipulator, since it was the inventor himself who directed the procedure. "I maintain that a substance which in so short a time, and in the hands of him who recommends it, is dangerous to such a point, that its employment ought not to be permitted; and I propose that the Academy formally reject it."

M. Larrey observed that he completely agreed with M. Velpeau, and he should have thought that M. Girardès, after having been present at Dr. Snow's last accident, would have somewhat modified his ideas upon the subject.

M. Jobert added, that when amylene is administered on a sponge, anæsthesia sometimes cannot be produced for half or three-quarters of an hour. If Charrière's apparatus be employed, it is rapidly induced, but at the expense of serious accidents. It differs from chloroform, in that the insensibility it induces is instantaneous and not progressive. It produces an important modification of the blood.—*Moniteur des Hop*, No. 100.

CASE OF RETROVERSION OF THE UTERUS.—*By Dr. D. Macleod, of Kilmarnock.*—In this case the mother died undelivered in the tenth month of her pregnancy. Such cases are of extreme rarity.

Case.—Mrs. M——, æt. 40, about four months advanced in her third pregnancy, was seized on the evening of the 25th July, 1855, shortly after lifting a heavy weight, with acute pain in the hypogastric region, accompaied by bearing down and a feeling of distension, in a situation at the lower part of the back, corresponding to the hollow of the sacrum.

Frequent fruitless attempts at micturition soon followed the above symptoms, for the relief of which the introduction of the catheter was had recourse to, which was continued by the medical gentleman who at this time attended her, for about three weeks, and by a midwife, tutored to the use of the instrument, for three weeks longer. By this time she regained the power of urinating voluntarily. The pain in the lower part of belly, already referred to, was temporarily relieved by the application of a number of leeches, and difficulty at defecation by laxative medicines.

The cause of her illness, however, remaining yet undiscovered, she became gradually worse. Anorexia, nausea, and vomiting, flatulence and feebleness of pulse, supervened. From these constitutional symptoms she continued to complain for upwards of five weeks, at the end of which time she experienced a partial mitigation of her sufferings.

About the beginning of October she had two profuse attacks of uterine hemorrhage, after which she became much emaciated, and greatly reduced in strength. From the sudden diminution of the size of the abdomen after the first discharge of blood, it was supposed the liquor amnii had also escaped. This supposition, on inspection after death, was found to have been correct, for the uterus contained but very little fluid.

On the 15th of October she was taken ill with the pains of labor. Dr. Young, who now saw the patient for the first time, found, on examination *per vaginam*, the canal of that passage much shortened, and taking a curved direction forwards and upwards. The finger, on its introduction, came in contact with a firm, but slightly elastic globular tumor, which felt about the size of a fœtal head at the seventh month, and occupied the hollow of the sacrum fully. This globular tumor was found, on further examination, to be the fœtal head, not felt, however, through the os uteri, as usual, but through a thin membranous partition, evidently the posterior wall of the vagina, which was reflected over it. The application of the stethoscope, to the abdomen at this time, confirmed the suspicions of the mother—already a few days existing—as to the death of the infant.

Dr. Borland, who at this time visited the patient, in consultation with Dr. Young, found the displaced os uteri situated about an inch above and behind the symphysis pubis, a little to the left of the mesial line, and open to an extent that would hardly admit the tip of the index finger. It was reached with the greatest difficulty.

The nature of the case being now clearly understood, the usual means for rectifying the position of the uterus were resorted to, but failed. Every attempt at elevating the fundus, *per rectum*, created so much agony, that that method had to be relinquished, after a few steady trials.

The pains continued for about twenty-four hours. At the end of that time they ceased, and although recurring, of normal frequency and strength, during that period, produced no dilating effect on the os uteri. The different unsuccessful attempts at replacing the uterus exhausted the patient so much, that the propriety of any further interference was precluded.

Under these circumstances, it was deemed the most prudent plan to improve her general condition, in the hope that she would be better able to bear any future attempts at reposition. With this object in view, nourishing diet, quinine, and wine, were prescribed, with occasional opiates, to check diarrhea, which by this time assailed her.

This mode of treatment was coincided in by Professor Pagan, of Glasgow, who, a few days after, was consulted by letter regarding the case.

Her condition was but slightly improved, when she was again seized with labor on the 30th December following. Reposition was several times unsuccessfully attempted, in various positions of the body, by the two forefingers of the left hand introduced into the rectum, and pulling down the os uteri by a blunt hook inserted into it, which was made for the purpose. The patient felt so weak before and after the efforts made at reposition, that she could not be safely put under the influence of chloroform. Consequently, the whole hand, as recommended by some authors, was not introduced into the rectum.*

Her pulse became now more feeble and quick—150 per minute—and she perspired profusely. Diarrhea, which, a short time before this, afflicted her, continued till she died, undelivered, on the 3d of January, 1856.

On laying open the abdominal cavity, the omentum was found completely absorbed. The anterior wall of the uterus was adhering to the parietes of the abdomen. Laterally, it was attached to the iliac passage; superiorly, it was adherent to the central portion of the transverse arch of the colon. At this central point of attachment, the intestine was slightly ruptured. It (the opening) would barely admit the point of an ordinarily-sized goosequill.

No extravasation of the contents of the bowel, that could be detected, took place by this opening. Posteriorly, the fundus was firmly bound down to the rectum and hollow of the sacrum by old adhesions. The os uteri was found undilated, in the exact position previously described. The uterus was very thin, and presented a slate-gray appearance. On being opened, it was found to contain the remains of a fœtus—about the size of one at five months—placenta and membranes, along with a small quantity of putrid liquor amnii. The whole of the uterine contents had undergone decomposition to a very great extent; the features of the fœtus were totally obliterated; the body, although also much decomposed, retained its natural formation. The bladder appeared healthy, and contained a small quantity of urine.—*Glasgow Medical Journal*, Jan. 1857.

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*See Ashwell on "Diseases of Women," p. 619, who says, "For my own part I have so great a dread of the continuance of retroversion that I would not hesitate to introduce the whole hand into the rectum, and exert very considerable power to accomplish this desirable object."

MERCURY IN THE LIVER OF WORKERS IN MIRROR-MANUFACTORIES.—*An Experimental Evidence of Localization of Metalic Poisons, by Robt. Burton, Chemical Student at the University of Erlangen.*—It is a well known fact, that in certain cases of metalic poisoning the liver is an organ whose tissue appears to exercise a peculiar attraction for many metals, whether introduced into the system by the alimentary organs, the skin, or the lungs; and the metalic presence has been detected in this organ by analysis after death.

This holds true in a remarkable manner with regard to quicksilver, which has thus been repeatedly discovered in cases of mercurial poisoning.

It is further interesting to know that those whose labors in the quicksilver mines, and some of the arts (*e. g.* silvering mirrors) expose them to the action of mercurial vapors, are the subject of chronic poisoning by this metal; and in such cases a localization of its particles in the system, and more particularly in the liver, takes place.

An interesting case of this nature was published a few years ago, by Dr. E Von Gorup Besanez, present Professor of Chemistry in the University of Erlangen (in "Jenaische Annalen für Physiologie und Medecine," tom. ii. p. 241.)

In this case Dr. Von Gorup Besanez found distinct traces of quicksilver in the liver of a woman who had for sixteen years worked in a mirror-manufactory, and was then attacked with symptoms of hydrargyrosis, of which she died in one year. Although during the whole year previous to her death this woman was entirely removed from the mercurial influence, nevertheless, the metal was demonstrated with certainty in the liver after death, thus experimentally proving, that, corresponding to the remarkable avidity which the liver shows for mercury, there exists as remarkable localization of the metal in the tissues of that organ—in other words, that the liver, with a maximum of absorbent power, seems to possess only a minimum of excernent power in regard to mercury.

Considered in the light of its Medico-legal bearing, the question, "How long after the administration of mercury, or other metalic poison, it may be found in the liver," becomes evidently one of the highest importance, and, as such, demands publicity for every fact which can be brought to bear upon the elucidation of this subject. I therefore offer no apology for publishing the following:

Dr. Froumüller, Hospital Surgeon at Fürth, near Nüremberg, forwarded lately to Professor Von Gorup Besanez the liver of a woman who had worked in a mirror-manufactory to within a few weeks of her death, and the investigations for the discovery of mercury in this liver, entrusted to me by the Professor, were made under his direction in the laboratory at Erlangen, the most scrupulous care in securing the perfect purity of the re-agents and cleanliness of the apparatus having been observed.

Following the method of Fresenius and Babo, the liver was cut into small pieces, and boiled in a water-bath with hydrochloric acid and chlorate of potass, until all the organic matter, except certain particles of fat, was as far as possible reduced to a homogeneous fluid. Through the clear fluid obtained a stream of sulphuretted hydrogen gas was passed for some hours, and the precipitate collected on a filter was well washed, and dissolved in the smallest possible quantity of nitro-hydrochloric acid. The residue, after careful evaporation of this solution, was dissolved in water.

A simple galvanic apparatus, consisting of two plates, connected at one edge, one very thin, being of gold, the other of zinc, was immersed in this watery solution, and after a few hours the gold had assumed a greyish white appearance, which by friction became of a silvery white.

The gold was then separated from the zinc plate, and introduced into a glass tube, previously cleaned and dried, and sealed at one end by the blow-pipe, and thus heated over a spirit-lamp; under which agency the whitish tinge disappeared from the gold, and globules of mercury, visible to the naked eye, but better observed with a lens, were condensed in the tube, thus demonstrating the existence of mercury in the tissue of the liver under consideration.

ERLANGEN, June 14, 1857.

NITRATE OF POTASH IN DYSENTERY.—Dr. Tiedeman, of Philadelphia, has issued a pamphlet on Dysentery, and its Treatment. He says: "The *internal* remedy which I have almost exclusively prescribed, and frequently with surprising success, is *nitrate of potassium*, (*kal. nitr.*) I have given it in large doses, which agreed perfectly well with the patients. *Locally*, I have ordered, immediately after each evacuation, no matter how often they occurred, *injections of pure cold water.* In very severe cases, particularly in hot weather, he has ordered injections of ice water with the best effects. As diet, I ordered milk, gruel, barley, rice-water, toast and water, pure water, and butter-milk, as much as the patient liked to take."

[*Nashville Journal.*

VELPEAU ON CHLOROFORM BEFORE THE ACADEMY OF MEDICINE.—On the 12th of May last, the official report was made to the Academy of Medicine, by M. Robert, who with Messrs. Velpeau and Malgaigne constituted a commission on the subject of amylene. M. Valpeau said, although he, as a member of the commission, had signed the report, he was no great partizan of amylene. He had tried it in his wards of La Charité, and believed it would not be a successor to chloroform, which, in his opinion, was the best anæsthetic. He objected to amylene because of its detestable odor, alike inconvenient to assistants and patient; its uncertainty and inconstancy of action; the short duration of its effects; the necessity for a special inhaler; and lastly, it is not innocuous, as Mr. Snow, its introducer, has already experienced.

I do not say chloroform is inoffensive, but I think its dangers have been exaggerated. For some ten years I have used it *five or six thousand times*, for various operations, in patients of different sexes and ages, without a single accident. I do not know that I stand here alone among the surgeons of Paris, or that greater misfortune from chloroform has visited other great hospitals of Paris. M. Robert lost an amputated patient after using chloroform, but it is not certain that this agent caused death in this instance. It must be cautiously given, and its effects carefully watched. In minor operations full anæsthesia ought not to be produced, and it only resorted to in those that are painful.

I operate as soon as the patient becomes insensible, and allow him to recover while applying the dressings. I have even administered chloroform to persons having affections of the heart or respiratory organs. The quantity is judged of by the effects produced. Any agent to take the place of this one should produce the same effects under like conditions, and without causing death. I apprehend that amylene is not that agent.

[*Nashville Journal.*

VALERIANATE OF AMMONIA AS A REMEDY FOR NEURALGIA.—It will be recollected that in the first number of our present volume we published an article, from the Montreal Medical Chronicle, reporting very remarkable success, by Dr. Declat, in the treatment of Neuralgia with the above named medicine. We have seen as yet no report of cases in our American exchanges—but have received many private letters asking how the article should be administered, and what is the dose? Having had recently under our treatment two obstinate cases of temporal and facial Neuralgia, and having failed to afford relief by any of the ordinary means; revulsives, tonics, quinine, and even opium failing to abate the pain, we referred to the report of Dr. Declat, with the view of resorting to this new remedy. It was now that we were able to appreciate the embarrassment of our correspondents about the *dose.* The cases in Dr. D.'s paper are carefully reported, apparently, but the dose certainly very indefinitely stated.

"A teaspoonful taken in the evening modified the pain at night and rendered it bearable. Two teaspoonfuls next day gave complete relief."

Now this "teaspoonful" we *suppose* was a solution, but of what strength? Was the original preparation used by Dr. Declat in fluid form, or was it, as we now receive it from the chemists, in the form of a *salt.* No definite dose is given, and hence the embarrassment in its administration. Wishing to try the efficacy of the article, we made a solution at first, of 10 grains to the ounce of water. Of this, we directed our patient to take one teaspoonful three times a-day, till the two ounce solution was exhausted. At the end of the second day, he increased the dose 1½ teaspoonful, and reported a slight amelioration in his sufferings.

On preparing for this patient a second vial, we dissolved 32 grains of the Salt of Valerianate of Ammonia in two ounces of water, (two grains to the drachm,) directing the dose as before, viz. 1½ teaspoonful three times a-day. When this was exhausted, we prepared a solution which contained 3 grains to each drachm of water, still advising the above doses.

Case 2nd.—This was a negro woman, who had suffered from severe neuralgic pains in the temporal and occipital regions for six weeks- Quinine and other remedies failing, we administered the valerianate of ammonia in doses of 4 grains to the teaspoonful of water, three times a-day. On the second day the pains were much abated, and under the continued administration of the remedy, in similiar doses, the distressing symptom has disappeared.

Valerianate of Ammonia, as we have seen it, presents the characters of a dirty-looking deliquescent salt, emitting a strong odor of valerian, and we may add, for the information of our readers, *costing* four dollars an ounce.

In relation to our success with this remedy in the above cases, we have to report that it has been very satisfactory, but at the same time we must say we would have been greatly disappointed did we not measure our credulity in this remedy by the good, old, *safe* rule " of believing just about one half of what we hear" in relation to the effect of remedies.

When we read Dr. Declat's article, the case of " Madame the Marchioness of Fontanelle, who had been attacked six years ago with facial neuralgia of the most severe description," and had passed through the hands of Legrand, Jobert (de Lamballe), Sedillot and Velpeau, besides a residence at mineral springs, and the best alterative and tonic treatment, unrelieved, and "when the agony was unendurable and the patient in despair," relief came suddenly, from three teaspoonfuls of a new remedy, we must confess, that we measured our belief rather, by what would *satisfy* us than by what we saw written in the report. If the relief was *half* as prompt in all cases, even with double the amount of medicine, we would be satisfied.

In making the above remarks, we would have it fully understood that we do not wish to doubt, in the least, the *correctness* of the *statement* of the reporter; far from that—we give full credence to the report, so far as relates to the two cases mentioned there; but two cases were two small a number to judge of the *general* efficacy of a specific remedy, the effect might be attributable to accident or coincidence, a *post hoc* merely and not a *propter hoc;* so, in the end, we were not disappointed much, when our patient was only *partially relieved* after taking the remedy for about *ten days.* Our conclusion in relation to the remedy, after this partial trial, is, that it is a very useful article in the treatment of this form of neuralgia, so far as can be determined by the observation of these two cases and the testimony of the original favorable report of it: and we can further say, to those who wish to administer it, that our own careful experimental administration of it, gradually increasing the dose, proves that in doses of *four grains of the salt* to the *teaspoonful of water*, the remedy has no *injurious* effect upon the system, but its effects have been highly satisfactory. Whether or not we have yet reached the *full* dose used by Dr. Declat, we cannot say; that must be determined either by farther experiment or by a more definite statement from that distinguished gentleman himself.—*Southern Med. and Surg. Journal.*

AN EASY METHOD OF IMPROVING THE DIGESTIBILITY OF MILK.—*By Dr. Gumprecht of Hamburg.*—It is well known that cow's milk, which is commonly employed for the diet of newly-weaned children, and also for those who are older, is frequently not well borne, and gives rise to indigestion, acidity, flatulence, colic, diarrhea, etc. Hence it has been proposed to improve its properties by the addition of water, and sugar of milk. Experience shows that this fulfils but imperfectly the object in view.

Reflecting that food for adults is never prepared without common salt, which not only renders it more palatable but also more digestible, because (as Moleshott has well remarked in his *Physiologie der Nahrungsmittel*) salt not only acts as a stimulant to all the glands of the digestive apparatus, increasing their activity, but also renders the albumen (and consequently the casein of the milk), as well as the fat, more soluble in the digestive fluids, I was naturally led to the idea of rendering the milk intended for recently weaned and older children more easily digestible, by the addition of a little salt; and I found that I could in this way prevent the indigestion so often following the drinking of cow's milk, and even remove it when already present.

So far as I know, no author who has treated of the diet of newly-weaned children, has mentioned this useful addition to milk, and it is in fact remarkable that so natural an idea should not have occurred long ago, as to season the milk intended for the nourishment of weaned children with a little salt, to make it more digestible, since milk is often given them mixed with flour, groats, pounded biscuit, etc., which require this wholesome condiment in order to become more easily digested and assimilated. It gave me, therefore, much pleasure to hear a Dutch physician, whose acquaintance I made a few weeks since, and with whom I conversed on the above subject, say, that in his practice in Holland he had frequently directed the addition of a little salt to the milk for newly-weaned children, with a very happy result.

On my inquiry how the idea occurred to him, he said that he had observed that the peasants of Holland, in order to preserve the swine and cattle from a diarrhea which frequently occurred in consequence of indigestion, mix salt with the fodder, and he reasoned from analogy that perhaps also children after weaning might in a similar manner, namely by the addition of a little salt to their milk, be protected from the diarrhea which is so common under the circumstances; and the result had justified his expectations.

The proportion of salt to a given quantity of milk must be determined by the age of the child; as much as can be taken on the point of a knife, or two or three times this quantity, may be added to a cup full of milk. In order to make the resemblance between cow's milk and woman's milk more perfect, I direct it to be boiled and skimmed, then a little sugar of milk is added, and lastly the salt. Fresh milk to which salt has been added should not be allowed to stand long, as acids will be set free, and coagulation promoted.

In a theoretical point of view, as I think, there is less objection to the addition of salt to the milk for young children, from the fact that this condiment not only benefits the stomachic digestion, by rendering the casein more soluble, but favors the formation of the blood, and renders the latter more fluid while circulating. Thus, Moleschott in the *Physiologie der Nahrungsmittel,* says: "Of the inorganic elements of the blood, the chloride of sodium is the most abundant; its quantity is so great that it is not difficult to cause it to crystallize from an aqueous solution of the ashes of the blood. The chloride of sodium is also found abundantly in the tissues, especially in the cartillage, and also in the secretions and excretions."

Although milk, as Prout has very justly remarked, is to be regarded as the type of all food, since it contains all the elements which are necessary for the growth and nourishment of the human organism, as albumen, sugar, fat and the salts, and is particularly adapted, by its bland nature, for the organism of the child, yet it is often unfit for adults, who are accustomed to a more stimulating diet, on account of its insipid quality, and frequently gives rise to oppression and acidity of the stomach, and sometimes even to diarrhea. Hence some persons have a strong objection to it, on account of its want of flavor. This objectionable quality is, however, easily removed; it is only necessary to infuse powdered cinnamon into the boiling milk, then dissolve in it a sufficient quantity of salt, until the milk acquires an agreeable piquant taste, and add powdered sugar, in order to give it a decided and agreeable flavor. I have found that milk prepared in this way is very palatable to adults, and is readily taken and well borne by them. Those persons who are accustomed to take spirituous liquors may add to the milk, in order to improve its quality, rum or brandy (a small wineglassful to an ale-glass of milk). In this way milk is often taken in England and in Holstein, particularly in summer.

When the physician orders a regimen consisting wholly of milk (*milk-cure*), he should not forget to recommend salt and sugar to be added to the milk, according to the above method, both to render it more digestible, and also more acceptable to the taste; since the success of the "cure" depends in a great measure on the perfect digestion and assimilation of the milk, which are much assisted by these additions.

Morning milk, fresh from the cow, is frequently directed for women who are suffering from the effects of general morbid irritability, and often with good results. It sometimes happens, however, that the fresh milk is not well borne, or that the patients have a strong repugnance to its insipid taste. In such cases I advise a little salt, with one or two teaspoonfuls of powdered white sugar, to be dissolved in a small quantity of milk placed in an ale-glass; then fill up the glass with milk fresh from the cow, and drink it quickly. I have found that new morning milk prepared in this way is very easily borne. The remarkable effect of fresh milk in removing the above-mentioned morbid condition seems partly to be attributed to its being saturated with an animal vapor, a peculiar evanescent odorous principle, which cannot be isolated, and which speedily disappears after the milk has been drawn from the cow.—*Boston Medical and Surgical Journal.*

DEATH OF CHARLOTTE BRONTE.—The death of Charlotte Bronté is the saddest fact in a life whose key-note was sorrow, and whose melancholy music filled the very atmosphere in which she lived, and moved, and had her being. She may almost be said to have been baptized in the dark waters of death. Her mother died when she was about five years of age, and, in quick succession, four sisters and her only brother.

It was not a common family, that of Charlotte Bronté. Two of her sisters died young, but lived long enough to indicate that they would have left their mark on their times. The two elder sisters gave the same evidence of their power in written works. Her brother had large intellectual endowment and culture, but worse than wasted all that might have greatly distinguished him. We do not design in this notice of one whose life has been so admirably written by Mrs. Gaskill, and which all readers have read, to review this work. And yet it may not be out of place to say that it is a record of a remarkable person, who in the midst and pressure of severe trial, never failed in duty to herself, and to all to whose well-being she could in any way contribute. She was small, delicate in person—apparently incapable of effort. Yet she meets, or makes occasion for intellectual, moral and physical action, which in its detail astonishes us by its rarity, and still more by its success. She writes with startling strength—brings before you men and women, her own creations, and reveals what is in them, both in their word or work, in language and act which leaves little ground for question. She goes to a foreign country, of different language from her own—goes alone, by the guidance of the same instinct which always accompanies a true object, and accomplishes all she attempts. She writes, and while her manuscripts are gathering dust on the publisher's shelves, she writes on, nothing daunted, and at length comes forth as an author, and declares, anonymously, her gigantic power. "Who wrote Jane Eyre?" is the question. "Not a man," says one, "for a man would not"—"Not a woman," says another, "for a woman could not."

Pardon us, that we have for a moment deviated from our purpose—to speak of the death of Charlotte Bronté. We could not but say a word of a life so sad as was her's, and for the reason that in an event which was to her an unmixed felicity, she found death. Sadly, in deep sadness, do we ask, was it not a fitting coronation of such a genius, and such a life?

Charlotte Bronté married late in life. Her father opposed her marriage, and the daughter could not marry the man she so deeply loved, as her marriage must separate her from her father, now more than eighty years of age, and with no living creature of his house, but her, left. At last, her father's consent is given and she is married. This was an event in Haworth. Everybody came to the wedding. Charlotte had been the friend of all the poor. She would traverse, in snow and rain, the wild moors of her home, to carry something for the sick child or parent, or to do something for them. Everybody knew her, and everybody loved her. Says Mrs. Gaskill, "many old and humble friends were there, seeing her look like a snow-drop." Her bridal dress, after a few months, became her shroud.

She became pregnant, and soon after experienced the ordinary symptoms of that state, but which rapidly became morbidly severe. Nausea, vomiting and faintness; and fainting, at first frequent, became, at length, constant. The sight of food was sufficient to produce them all in most distressing forms. Said one, "a wren would have starved on what she ate during those last six weeks." A physician was called. "He came, and assigned a natural cause for her miserable indisposition; a little patience, and all would go right."

From the record, nothing more seems to have been said or done in this case. We copy the following from Mrs. Gaskill, because of its professional interest, and as showing something of the sufferer's state in the last moments of her life.

"Long days and longer nights went by; still the same relentless nausea and faintness, and still borne on in patient trust. About the third week in March (it was early in the new year, 1855, that the symptoms first appeared), there was a change; a low, wandering delirium came on; and in it, she begged constantly for food, and even for stimulants. She swallowed eagerly now; but it was too late. Wakening, for an instant, from this stupor of intelligence, she saw her husband's woe-worn face, and caught the sound of some murmured words of prayer that God would spare her. 'Oh!' she whispered forth, 'I am not going to die, am I? He will not separate us, we have been so happy.'"

She died Saturday morning, March 31st.

It is of the professional relations of our subject—the treatment of the signs of pregnancy when morbidly aggravated, that we would now speak. Was the *cause,* the *motive cause* of those symptoms which produced death in Charlotte Bronté, removed? This question is of great interest. Nearly half a century ago, it was our privilege to attend the midwifery lectures of Dr. John Haighton, in London; and a better lecturer than Haighton, is not in our memory. He discussed this question of removing the *cause* of those symptoms, and showed conclusively that in cases in which other means had failed, and the worst consequences were to be looked for, it was the duty of the physician to remove the *cause,* viz., *to remove the fœtus from the womb.* Haighton related his experience, and dwelt on the opposition he had met with in consultations, to such measures as he knew could alone save life. More recently we have spoken with eminent men abroad, on this subject, and have met with objections to the practice; or, when it has been allowed to be proper, it has been after so much evil has been done that there has hardly been any reason to look for success from it.

We have felt it our duty to resort to the measure under consideration, and in every case recovery has been rapid and complete. We have known death to happen when the measure has been rejected by patient or friends, and where all other means have been faithfully used. In one case it was clear that death must occur, if things remained as they were, but in which the mother of the patient would not consent to the measure, unless the physicians who advised it would in the first place guarantee its success. The attending physician would not do this; and soon after our consultation we heard of the patient's death.

In another instance, the lady lived in a distant State. She was a clergyman's wife, and of the Church of England. She was reduced by nausea and vomiting to excessive weakness, and absolutely could keep nothing on her stomach. It was between the second and third month of pregnancy. The fœtus was removed, and, in twenty-four hours after, we found her heartily eating solid food, and she was soon well. The operation was performed on the same patient a second time under the same circumstances, and with the same result. Let it be remembered that this practice was not attempted until full trial had been made of the most approved methods of treatment, and after the best evidence that the disease was rapidly increasing. In another lady it was not until convulsive movements had occured in the universal exhaustion, that the measure was adopted. This patient recovered, and this was a second trial of it in the same patient.

We dwell on these cases, because a grave moral question is involved in our subject; and to say that it is only in those cases in which life is clearly in jeopardy, that any physician who deserves the name, would for a moment entertain the question we are considering. It is then as a *remedy ;* and only to be used under what we believe are really desperate circumstances.

Whether the cause was removed in Charlotte Bronté's case, or whether she died of pregnancy, we know not. We know not what was the limit of that "little patience, when all would go right." But as the disease continued unrelieved till death, may it not be asked if the *cause* of that disease did not remain undisturbed till it became the cause of death ? The question is put, because in no like case which has come under our care, however unpromising, has death occurred after the removal of the contents of the womb.

The Rectory at Haworth is now desolate. Its venerable head, in his extreme age, stands erect and alone, literally in the midst of the graves of all his house; and before him, in his church, is the simple tablet on which are recorded the names, the ages and the death, of his wife and all of his children. WALTER CHANNING.

[*Communicated for the Boston Medical and Surgical Journal.*

PURGATIVES IN DYSENTERY.—Dr. J. M. Kitchen, chairman of this Committee, reported that he could think of nothing new or interesting to offer on the subject—certainly nothing worth publishing; that he had examined the published transactions of different State Medical Societies, of the American Medical Association, and numerous works on the practice of medicine, besides having conversed with many physicians from various parts of the State, and he has not been able to find a single individual who does not in some stage of dysentery use a purgative, if for no other purpose than to *cleanse* the bowels. The only difference of opinion is in regard to the *kind* of purgative : some preferring sulphate of magnesia, others calomel, and others again castor oil. He prefers the latter, where a *mere* purgative effect is desired. There are other measures, however, which he thinks it is difficult to dispense with in the management of this disease. He referred to Dr. H. P. Ayres, of Fort Wayne, a member of the Committee, and an experienced physician, who was present, and might have something valuable to communicate.

Dr. Ayres then stated that every observing practitioner must have noticed that each year brings new phases of disease, and, as a necessary consequence, a change is required in treatment. Sometimes a *free* use of purgatives in dysentery is demanded, whilst a similar course under other circumstances might prove fatal to the patient. In illustration of this, he said that in the year 1845 dysentery prevailed as an epidemic in Northern Indiana; that every case was of a decidedly inflammatory character, with high fever, full bounding pulse, etc., and that numerous cases might be detailed to show the injurious consequences which resulted from the careless use of purgatives. Again, in 1854 there was another epidemic, and children were far more frequently attacked than adults. At this time purgatives were seldom prescribed, never, he thinks, with benefit. In 1856, dysentery in an epidemic form again appeared, and purgatives were absolutely necessary to successfully manage the numerous cases which he was called upon to treat, and when administered *early* in the attack, rapid cures were effected. He therefore concludes that no rule can be laid down on the subject, and that the physician must decide from yearly observation alone, to what extent such remedies may be employed. A very interesting sketch was given by Dr. Ayres of several cases which occurred in his practice, and the treatment pursued by him.—*Transactions of the Indiana State Medical Society at its Annual Session.*

PRESERVATION OF VACCINE VIRUS.—A Chicago correspondent of the Peninsular Journal of Medicine, says : " Dr. Johnson read a paper on the use of Glycerine for preserving animal organic cells. He stated that Dr. Andrews, of this city, had made experiments in the preservation of vaccine virus by solution in glycerine, using the solution instead of the solid matter for vaccination, and that by this means the difficult problem of how to preserve the virus in an active state was admirably solved. Dr. Johnson has repeated the experiments of Dr. Andrews with success. He had also examined the solution with the microscope, and found the cells perfectly preserved."

" In Dr. Andrews' experiments, the vaccine matter was kept in solution two or three months of warm weather, at the end of which time seven cases were vaccinated with it without a single failure. If this preparation shall prove, as it now seems to promise, to be a permanent form of the virus, it will be of great advantage. The scab broken into three or four pieces is thrown into a little glycerine and occasionally shaken. It will slowly dissolve without any further care, and almost any number of persons may be vaccinated from the solution, every new scab the practitioner gets may be dropped into the same vial, and thus he will never find himself destitute, as is now the case, by the loss of the active powers of his crusts."

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LETTER FROM PARIS.

[Continued from October Number.]

At the same time that the discoveries of Bernard have placed the French School of Physiology above all others, so that we can well assert that the nineteenth century has paid its debt to the ever accumulating fund of human science, and realized many important steps in the law of progress, we can even look beyond the present time and discover the promises of the future. It would seem as if the indefatigable Professor of the College of France were determined to leave no part of physiology unexplored, for, besides the discoveries which have already made him famous, viz: those on digestion, the pancreatic juice, the saliva, the functions ot the liver, the secretion of sugar in that organ, and many others besides, he is now preparing two volumes on the Physiology of the Nervous System, which are expected to be published sometime in November, and these will be no doubt the most complete monographs ever published on these obscure and complicated questions. But when I speak of the future, I do not mean even these, for they are a continuation of his admirable labors, and those who have had an opportunity to follow his lectures or attend his private experiments are already acquainted with many of his conclusions on the functions of the nerves. There is another department of physiology, which is destined at no distant day to shed new light on the organization and properties of living beings—I mean microscopical science. The microscope, as an instrument, has long been known, and every one is aware that De Graaf, Lewenhoek, Malpighi, and many others successfully applied this instrument to the study of organized bodies; but it is only of late years that histology, or the application of the microscope to the study of the different textures of the human body, has really grown into a science. But, as a science, it has now acquired an independent growth, requiring for its mastery the most laborious and untiring industry. It is impossible at this day to give a correct appreciation of the value of microscopical investigation, for its deductions are yet so far removed from the standard of ultimate perfection, that many, even fundamental questions, are as yet mooted points with many writers, although, to the practiced and enlightened microscopist, the applications of this instrument are as unerring as those of the eye itself in those grosser structures where the latter needs no such assistance. One of the causes of popular objection to the microscope, is the belief, common to all beginners, that any of the tissues of the body can be at once recognized by simply putting a specimen supposed to contain this or that element under the objective of no matter what magnifying power Now the truth of it is, that it is exceedingly difficult, in the first place, so to separate and dissociate many of the different elements which enter into the composition of a given structure, that it may be recognized by the unpracticed eye. Take, for instance, a piece of muscular tissue; perhaps you will expect to recognize at once the ultimate fibril of animal life; you will desire to see the difference between the voluntary or striated, and the involuntary or smooth muscle. You read in almost any text book that such is the fundamental element of these two varieties of muscular tissue, and that its contractility depends upon that very element, at the same time that another tissue is so disposed as to restore the fibril to its former position; you will see that your author has employed the pencil of some cunning artist to depict for you with all the delicacies of light and shade, the transverse and longitudinal striæ; well, perchance you have secured one of these instruments, yclept a microscope, and, scalpel in hand, you are prepared to dive into all the mysteries of organization and life; you will verify if Carpenter, Queckett and Hassall have correctly delineated these structures. You secure a splendid piece of muscle, and you put a specimen under your objective. Alas! cruel deception, your preparation is too thick; the light does not penetrate, and you see nothing but a dark and confused mass; after many efforts you have succeeded in dilacerating your preparation so that little if anything apparently is left on your object glass, and again you examine attentively this elaborate preparation, and even then you may be doomed to disappointment until, in utter despair, you come to the conclusion that the microscope is a useless instrument, and micrographers very little better than humbugs. The conclusion is natural enough, and yet, it is as false as it is unjust; it is false because what you have read was the result of a preparation by a master hand, who selected from scores of preparations, what he considered the type of the element he described; it is unjust, because you have no right to expect that in an hour or a day you can acquire that dexterity of manipulation, which is the slow result of practice and experience. Have you forgotten the time when your first subject was on the table before you, and armed with your scalpel, you were about to take your first lesson in practical anatomy? for the first time you were face to face with death. You overcame your scruples with no matter what unsteady hand, and you commenced imitating either those around you, or the skillful dissection of your demonstrator; you saw him exposing before you with rapid and unerring skill the fibres of muscle after muscle, but when you resumed the task how different your production from the artistic execution you had just witnessed. Did you throw away your knife in disgust, or fancy your fingers were differently made from those around you? No! you persevered until you acquired sufficient dexterity for all practical purposes. Now, there is no question but that microscopal dissection is far more difficult than the other, and a very little reflection will at once convince us of the nature of the difficulty in hand. We are applying an instrument which magnifies several hundred times, perhaps, to investigate the very secret of life, the intimate nature of that fabric which is the master piece of creation, and can we reasonably expect that we shall at once lift the veil, and surprise the essence of that being without due preparation and initiation? The learning which is so easily acquired, is not worth having. No, in that investigation, no matter what texture, even the simplest, we can not expect that its elements will be presented to us perfectly isolated and distinct. Far from it, they are so blended and interwoven, that it requires much patience, and often renewed efforts to separate them one from the other, or to recognize them when they have been at last obtained with satisfactory distinctness. Let us return, for instance, to our piece of muscle, and see of what it is made up; in it are many different elements besides the fundamental or constituent element, viz: 1. The myolemma or investing sheath of each fibril. 2. Elastic fibres. 3. Cellular, or connecting tissue. 4. Cells containing fatty matter. 5. Capillary vessels of three different kinds. 6. Arteries and veins. 7. Nerves. Now, can we reasonably expect that we shall at once distinguish all these, and recognize them even when the preparation is made by a master hand; by no means; for the eye must be educated to interpret that which is presented to it in the field of the microscope; it must be taught to recognize the elements when separated, and then we can better appreciate the laws of texture, that is to say the reciprocal arrangement of these elements, one with the other. Just as the ear of the practiced musician, or the eye of the painter, distinguishes nice shades of color, or delicate intonations of sound, which escape the uneducated, so will the eye of the microscopist distinguish the fundamental element of a healthy tissue, or recognize the abnormal development of some other product in a diseased condition. But, however difficult the study of microscopical anatomy, it is replete with interest of the most profound and satisfactory kind, and the more we advance in its study, the more we rise in admiration of that great First Cause whose wisdom is incomprehensible, whose greatness incommensurable.

Carpenter, in his admirable book on the Microscope, has paid a just tribute to this instrument as a means of scientific research, and I cannot do better than quote his eloquent lines on this subject. "As an optical instrument, the microscope is now at least as perfect as the telescope: for the six feet parabolic speculum of Lord Ross's gigantic instrument is not more completely adapted to the astronomical survey of the heavenly bodies, than the achromatic combination of lenses, so minute that they can scarcely be themselves discerned by the unaided eye, is to the scrutiny of the physiologist into the mysteries of life and organization. Nor are the revelations of the one less surprising to those who find their greatest charm in novelty, or less interesting to those who apply themselves to the study of their scientific bearings, than are those of the other. The universe which the microscope brings under our ken, seems as unbounded in its limit as that whose remotest depths the telescope still vainly attempts to fathom. Wonders as great are disclosed in a speck of whose minuteness the mind can scarcely form any definite conception, as in the most mysterious of those nebulæ whose incalculable distance baffles our hopes of attaining a more intimate knowledge of their constitution. And the general doctrines to which the labors of microscopists are manifestly tending in regard to the laws of organization, and the nature of vital action, seem fully deserving to take rank in comprehensiveness and importance with the highest principles yet attained in physical or chemical science." Such then is the nature of microscopical investigation, and such the promises it holds for the future, and at no distant date we may expect to hail the fulfilment of these promises.

Much as Koelliker, Lebert, Mand, and many other distinguished names, have added to this important branch, there was still much obscurity, confusion, and contradiction in their writings, nor was there sufficient method in their investigations; and, above all things, they had not properly defined the relation between general anatomy and physiology. It is not often that one mind can be so far successful as to originate and perfect one branch or department of human knowledge. True, Lænnec, the discoverer of auscultation, had so far completed his immortal work that he left very little to subsequent investigators. But surely he who introduced method where chance previously had ruled supreme, he who classified the morphological elements of the body, and distinguished the fundamental from the accessory, he who was the first to show the origin, the development, and decay of every tissue, its nutrition and its growth; such a man is entitled to no ordinary credit, and I need scarcely say, that wherever medicine is studied as a science, and physiology considered its true ground work, there the name of Charles Robin is honored and respected. And yet the time has not arrived when full justice can be awarded to the genius and talent of this extraordinary man. Science has never beheld a more ardent devotee, Truth a more unflinching champion. Combine these qualities with intellectual qualities of the highest order, and you can readily conceive what such a man may accomplish. Though he has been giving public lectures on General Anatomy for many years, he has not yet published any dogmatic treatise on the subject. He has been, however, accumulating materials with assiduous care during all this time, and the work, now in the hands of the printer, will probably be complete sometime next fall. Others, more ambitious of publicity than scrupulous about scientific accuracy, have sent out to the world productions which, though remarkable in themselves, are, nevertheless, wanting in that mature and harmonious co-ordination which is the slow result of time and experience. His forthcoming work on Histology is the fruit of the most careful and laborious investigation of every tissue, normal and pathological, entering into the composition of man; and there can be no doubt that the profession will hail its advent with joy, as a sure and infallible guide in these delicate questions.

Mr. Robin has already published several other works, which have secured for him a most exalted reputation, at home and abroad. A late number of the American Journal of Medical Sciences, contained an able review of his Treatise on Chemical Anatomy, a work remarkable for its elaborate, yet lucid exposition of the Physiology and Chemistry of the tissues; for, as he has himself said, he undertook this work as an introduction to his General Anatomy.

The object, said he, of my Treatise on Chemical Anatomy, is to enable the anatomist and the physician to know exactly the intimate molecular composition of any organized body, in either of its three forms, whether solid, semi-liquid, or liquid. So that the object of the work is, to examine the organic nature of all the particles or elementary principles which, by their molecular union, compose these different substances. He does not attempt the study of organized matter itself, but of the elements which enter into its composition. He therefore proposes to reduce organized matter into its constituent parts, and to examine the properties which are peculiar to these elements taken separately, or irrespective of their position in the animal economy. He defines the elementary particles of organized substances to be those which are the result of true anatomical analysis in contradistinction to chemical analysis. These particles must be studied separately and alone by mechanical separation, but not by destructive agencies. This statement at once explains the aim and object of the work as distinguished from other treatises, and it is certainly one of the most original productions on this important subject. Mr. Robin has also published an excellent manual on the use of the Microscope, explaining at the same time its optical principles and practical uses, being a most excellent introduction to Microscopic Science. Many of his lesser works have been published in the Memoirs of the Society of Biology; and his edition of Nysten's Dictionary of Medicine, which he entirely re-wrote and re-modeled, is a monument of his vast learning and untiring industry. This book, though professing to be merely a Dictionary of Medical Terms, is also an excellent epitome of almost every head which is there treated; and the different articles on Histology are considered the best authority on this important subject. The work was so far successful that in the course of two years an enormous edition has been almost entirely disposed of, his fortunate publisher realizing some thirty thousand francs from the operation. Sic vos, non vobis, etc.

During all the summer, Dr. Robin has been employed upon these two works, viz: a new edition of the Dictionary of Medicine, and his Treatise of General Anatomy; but he also delivered an excellent course of lectures on the latter subject, and we hope, at no distant day, to submit our notes thereon to the readers of the Gazette.

A. P.

FRACTURE OF THE SKULL, WITH LOSS OF CEREBRAL MATTER—PERFECT RECOVERY.

By M. H. J., Texas.

On the 27th of June, 1857, I was called to see Calvin, slave, belonging to Mr. R., aged about 13 years. It seems that the patient was thrown from a horse about 6 o'clock, P. M., while off by himself in the woods; he came home before dark, but, at the time of his arrival, he could give no account of the manner in which he received the injury. I saw him about 10, P. M., that day. On examination, I found that he had received a severe blow on the left side of the head, just above and anterior to the ear, inflicting a wound nearly an inch in length, just in front of the upper extremity of the ear. The side of the head seemed badly contused and was much swollen. There had been a poultice of prickly pear applied previous to my arrival, and, on removal of the same, there issued from the wound about half a drachm of *true cerebral matter*, which, of course, led me, as well as others in attendance, to form an unfavorable prognosis.

I inserted a probe, and found two pieces of loose bone, which I at once removed. Both pieces together would probably cover a surface equal to the size of a dime. In introducing the probe centrally through the wound, no bone could be discovered. It passed in readily to the depth of an inch, but I did not think it safe to extend it further. He had bled but little previous to my arrival, and notwithstanding I opened the lips of the wound freely, no blood flowed.

Further examination now revealed the fact that the parietal bone was loosened from the temporal, and by placing the fingers on each side, and then making gentle motion, decided crepitus could be elicited. The patient was unconscious of his condition at the time of examination, and it was not until the 2d of July that consciousness did return.

I gave him an anodyne, and ordered the prickly pear poultices to be reapplied. This article is mucilaginous, like the slippery Elm, and retains moisture admirably well. After this, the only medicines he took were laxatives to regulate the bowels.

Yesterday, Sept. 20th, I examined him, and I find the wound entirely healed and the bones once more immovable, though there is a slight indentation at the seat of the wound, which is slightly painful on pressure, and there appears to be a place about the size of a dime that is entirely destitute of bone. In every other respect, the boy is as well as ever.

[This is another case to be added to the list of terrible injuries to the cerebral mass resulting in perfect recovery. Physiologists and phrenologists have everything to learn about the brain.—Ed.]

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REMOVAL OF WARTS BY CHROMIC ACID.

By I. L. Crawcour, M. D., etc.

In a late number of the Medical Times and Gazette, appeared some experiments by Mr. Marshall, on the use of chromic acid. Two cases have recently come under my own observation, and the results have been very satisfactory. A gentleman called on me about three months ago, complaining of a wart on the top of his head: it was about the size of a twenty-five cent piece, and the extremity was rough and split vertically. He had suffered from it for several years, and it gave him a great deal of trouble, bleeding whenever he combed his head. I painted it thoroughly, by means of a glass brush, with a saturated solution of chromic acid. The remedy produced little pain, the surface of the wart instantly blackened, and twelve days afterwards, a scab fell off, leaving a clear reddish surface underneath, and perfectly smooth. I examined this gentleman's head a few days ago; the skin is now perfectly healthy, and hair is growing on it. About two weeks ago, another case presented itself, of a similar character. I applied the same remedy. The scab, however, has not yet separated, but I fully expect the result to be identical with the former. The advantage of this caustic is, that it leaves no scar, and does not destroy the hair bulbs when applied to the scalp. Its influence is undoubtedly owing to the readiness with which it parts with its oxygen, yielding half of its oxygen when applied to organic substances, passing to the state of green sesquioxide of chromium, this being the most powerful oxydiser we possess. Its preparation is very simple. Make a saturated solution of bichromate of potash, and add strong sulphuric acid as long as any precipitate of chromic acid falls—pour off the supernatant liquor, and dry the residue on a tile or brick. I prefer filtering through a glass funnel partially filled with asbestus. In preparing it, caution must be used not to allow any organic substance, as paper or wood, to come in contact with it, as instant decomposition ensues. The solution I employ is one part chromic acid, and one part water.

RUPTURE OF THE DUCT OF STENO, BY A FALL FROM A HORSE, WITHOUT ANY INTERNAL OR EXTERNAL WOUND OF THE CHEEK—RECOVERY.

By Thomas Peniston, M. D., Professor, etc.

On the 23d of July last, J. A. P., aged 13, was violently thrown by a fractious pony, and was carried home insensible. I saw him about half an hour after the accident. There was a small bruise on the left cheek, which was already slightly swollen. An unusual sensation of *empattement*, or doughy feel, attracted my attention. Satisfying myself, however, that there was no fracture, or dislocation, I felt no further apprehension; had him put to bed, and directed cold applications to be made to the seat of injury.

24th. Passed a very bad night, says that he feels an intense, indescribable pain in the cheek, which he compares to that of tooth-ache. The swelling now involves the whole of that side of the face. The doughy feeling still persists, but the part does not pitt on pressure—discontinued the cold applications, as they afforded no relief—substituted warm flaxseed poultices and local vapour baths.

That night his sufferings became so intense that I was obliged to have recourse to opium, to quiet the nervous system and procure sleep.

On the following morning, the cheek was flushed, and enormously distended. I now felt convinced, notwithstanding the extreme rareness of the accident, that the symptoms presented could only be accounted for by a lesion of the duct of Steno, permitting the escape of saliva into the surrounding tissues, thereby distending the soft parts, and, by its pressure on the facial nerve, producing the intense pain, no doubt very appropriately likened by him to that of tooth-ache. Fluctuation was now felt, though indistinctly, over the inferior maxillary bone, about opposite the second molar tooth.

In the course of the day, learning that my friend, Dr. Brickell, was in the neighborhood, I immediately solicited his opinion in regard to the diagnosis and treatment best adapted to the case. Though somewhat doubtful as to its nature, he admitted the possibility of the duct having been caught during the fall, between some hard substance and the out edge of the bone, or one of the teeth, and lacerated. He thought that we would be justified in making an external opening where the liquid appeared nearest the skin: for in the event of my diagnosis being correct, we could easily make a counter one in the mouth, before a fistula had time to form through the incision externally. As the patient then seemed easy, and the fluctuation was not very evident, we concluded to defer the operation until the next morning. Necessity, however, compelled us to open it during the night, to relieve the excrutiating pain; even at the risk of future inconvenience and deformity. The incision was made at the spot where the fluid seemed to point. The lancet was followed by a copious discharge of pus, apparently mixed with blood. About six ounces, in all, were removed, to the immediate relief of the little sufferer.

On the 6th day, the discharge still continued copious; but had now assumed the appearance of bloody lymph, or thin mucilage, mixed with a small portion of blood. The nature of the injury being no longer doubtful, I now became uneasy as to the final result, and determined to seek the advice of others less deeply interested than myself in the issue. Drs. Beard and Choppin kindly examined the case, and concluded to make a counter opening on the inside of the cheek, for the purpose of healing up the one existing externally, and, also, of establishing the fistula in the interior of the mouth, should the natural duct remain occluded. This was done with entire success, by Dr. C. The bistoury penetrated into the pocket or sack, but partially emptied by the existing opening, and was followed by a copious discharge of blood and saliva. Compression was now made along the direction of the duct, and the internal opening kept free, by the introduction of a large sized probe, two or three times a day. I could detect no discharge from the opening subsequent to the operation. The probe, by crooking the end so as to make it enter freely, penetrated into an empty pocket, and did not seem to be arrested, until it came in contact with the skin of the cheek, where the point was distinctly felt. It may be well to state, that in the mean time, I succeeded in probing the natural passage; but could not penetrate farther than about half an inch; probably to the point where the duct curves in its passage through the buccinator muscle.

I now concluded (six days after the operation) that I would permit the internal opening to close up, as I felt convinced it was of no farther use. The correctness of this opinion was singularly proven on the next day; for while in the act of opening the child's mouth for the purpose of examination, saliva was seen in the act of being ejected from the mouth of the duct itself.

All pain and redness had now disappeared from the cheek, leaving only a chord of indurated cellular tissue along the direction of the duct. This finally resolved itself into a round hard lump, about the size of a pigeon's egg, which lasted a month or six weeks. Even now, three months after the accident, there remains a small elevation opposite the second molar tooth.

I had forgotten to mention, that after making the opening internally, the old one on the cheek readily healed by the first intention, leaving only a slight depression in its place—but there are no adhesions whatever to the bone; nor is there the slightest deformity.

Cooper, Velpeau, Vidal de Cassis, Erichsen, and others, speak of fistula of the salivary duct, occasioned by penetrating wounds, surgical operations, caries of the teeth, etc.; but this is the first case, I believe, that has been reported, of lesion or rupture of the duct of Steno, without internal or external injury.

The case is in itself not devoid of interest, as it not only proves the possibility of the duct being ruptured in the way above described, but, also, that a diagnosis may be established, almost with certainty, by the peculiar feeling of the soft parts over the seat of injury or in its immediate neighborhood, and the intensity and characteristic pain that attend the pressure of the accumulating fluid on the branches of the facial nerve. Being thus apprised of the nature of the lesion, the treatment to be pursued for the avoidance of a very serious deformity is obvious.

In this case we made, for the purpose of affording immediate relief, the opening externally. As it turns out, we were justified in doing so; but I confess, if called to a similar case, I would make the puncture internally—for by so doing, all risk of an external fistula would be avoided.

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CHARITY HOSPITAL REPORTS.

Yellow Fever.—First Case at the Charity Hospital in 1857.—Ann Carroll, an Irish girl, aged about 20 years, was admitted into Ward 34, on Wednesday, September 9th, with striking appearances of *Yellow Fever* in advanced stage. She was yellow; the face and arms covered with small red specks, which were either petechiæ or musquito bites; was somewhat delirious, with marked *subsultus tendinum*, and hemorrhage from the gums.

Previous History.—This girl had lived in New Orleans about twelve months; lived in the Third District, or lower part of the City, until one month ago, when she moved up to the First District, and settled on Girod street, No. 27, between Commerce and Tchoupitoulas. There the family lived in a filthy nest of poor Irish until the time of her attack. The physician who attended her in the early stage of her attack, has given the following particulars: He was called to see her first on Monday, the 7th September. She had then been sick several days. Found her with hot fever, pains in the head, back and limbs, and very costive; was told she had not had a stool for four or five days. He ordered a purgative and diaphoretic. The next morning he found her still very sick. Went again in the evening, and finding his directions were not properly attended to, he told her mother he could not return, and advised the removal of the girl to the Charity Hospital. He admits that he did not suspect the case to be Yellow Fever, yet the symptoms were such as are often met with in that disease. On Wednesday evening, the 9th September, she was conveyed to the Charity Hospital, and presented the appearances before described.

September 10th. Saw her the first time. She was then delirious, hands very tremulous, blood oozing pretty freely from the gums, skin yellow, very restless. Could not hesitate to pronounce it a case of Yellow Fever. She was not vomiting, though the mother said she had thrown up some brown stuff the day previous. Called again late in the evening, and found her worse in all respects. She had retention of urine, but it was afterwards ascertained that a large quantity was drawn off by the catheter.

September 11th. Visited her this morning, and found she had just expired, and without vomiting.

Autopsy—Two hours after death.

The Body—Warm, plump, hardly so yellow as before death.

Liver—Slightly yellow, not at all enlarged, nor engorged with blood, but rather dry when cut; not the least bronze color of the under surface, or any other part, such as was supposed by Drs. Stewardson, Swett and Frick, to be characteristic of Bilious Remittent Fever. The gall-bladder contained a considerable amount of very black, grumous bile. No bile visible in the small ducts.

Stomach—Contained about two ounces of reddish blood and mucus. The mucus membrane was highly engorged, and looked very red, even after a stream of water was allowed to run upon it several minutes. It was very much corrugated.

The Duodenum—Was also engorged; its contents somewhat darker than that of the stomach. No stain of bile visible to the naked eye.

Small Intestines—Mucus membrane for the most part highly engorged, and covered with thick, dark bloody mucus—no bile stain.

Large Intestine—Mucus membrane less injected—contents more fæculent.

Spleen—Nearly double the normal size.

Kidneys—Considerably engorged.

Bladder—Contained about four ounces of urine. No other parts examined.

The Ticket was signed Typhoid Fever, Complicated with Jaundice.—We have here an illustration of the difference of opinion, in regard to the diagnosis of Yellow Fever that is witnessed on the first appearance of this disease *every year.* A few days after the death of this girl, her brother died with black vomit, in the same house, and her mother was attacked with yellow fever, but recovered.

Second Case of Yellow Fever at the Charity Hospital. 1857.—Mrs. Mary Ann Bradley, an English married woman, was admitted into Ward 34, Charity Hospital, on the morning of the 17th September, apparently in the last stage of Yellow Fever. Her face and neck were slightly jaundiced; eyes highly injected and yellow; skin warm and moist, laboring under heavy coma; insensible, but restless, and breathing heavily; rattling in the trachea and ineffectual efforts to vomit; no discharge of urine, and very little found on introducing catheter; pulse imperceptible. Her case was considered hopeless, and she died about 12 o'clock, M.

Previous History of the Case.—This woman, with her husband, a tailor, had been gradually making her way from New York by the Western route; came down the river, and reached New Orleans about the 2d or 3d of September. They put up at No. 110, New Levee street.

She was seized with chill, soon followed by hot fever, on Sunday evening, the 13th. On Tuesday, the 15th, she took a dose of Caster oil. Thursday morning, the 17th, Dr. —— was called in to see her at 6 A. M. He says her condition was as follows: "Her surface is now cool—pulse down to 45—skin yellow; sordes about the mouth—eyes and face have the peculiar color and expression of Yellow Fever rapidly tending to death; disposition to vomit, but unable to do so, from apparent constriction of the fauces—unconscious." He considered the case hopeless, and advised her removal to the Charity Hospital, which was soon done, and she then presented the symptoms before described.

Autopsy—9½ A. M., September 18th, 21 hours after death.

Body—Hardly so yellow as before death—not emaciated.

Stomach—Inflated with gas. Contained a small quantity of whitish thick fluid, like flour gruel. Mucus membrane of the greater part was pale, but a portion, commencing at the cardiac orifice, and extending along the greater curvature, presented a very different aspect. It was of darker color, and highly injected, with a well defined termination at the white portion. Blood seemed to be on the point of transuding in a small part of this injected portion. There was not the least appearance of bile or black vomit.

Liver—Of normal color, but highly engorged with blood, which flowed freely when cut. The gall-bladder was small, and contained but little dark green bile.

Spleen—Of normal size and appearance.

Kidneys—Very highly engorged with blood.

Bladder—Empty.

Brain—Highly engorged—small quantity of bloody serum in the ventricles.

Lungs—Injected with blood.

Heart—Contained coagula—some yellow fibrinous, some of black blood.

This case was signed *Yellow Fever*; but was not so well marked a case as that of Ann Carroll, a few days previous, which was *not* signed Yellow Fever.

The house from which this case came was near the residence of Ann Carroll, a point which proved ultimately to be the focus around which a great majority of the subsequent cases originated.

It is where Girod street approaches the river.

Case Third.—Christian Miller, aged 32 years; had lived in New Orleans two years; never had yellow fever before; is a fireman on the steamboat "*Fanny Bullitt*;" has been living recently on Girod street, near Tchoupitoulas.

Friday, the 11th September, he left the City on board the Fanny Bullitt. Was attacked with burning fever, violent pains in the head and back, on Saturday, the 12th. Being very ill when the boat reached Napoleon, at the mouth of the Arkansas river, he was put off, and returned to New Orleans on the steamboat *City of Memphis*. Was three days coming down—arrived on the morning of the 17th, and was taken immediately to the Charity Hospital, Ward 18. Had black vomit that day and the following. Died about noon of the 19th. An unquestionable case of yellow fever.

Case Fourth.—On the 20th of September, a Sicilian who had resided in New Orleans about ten months, and kept a little fruit shop at the corner of Girod and Tchoupitoulas streets, was taken to the Charity Hospital in a hopeless state of yellow fever, and died that night. He had then been ill four days, without any medical aid. He left behind him a friend and companion ill of the same disease, and he died four or five days afterwards.

On the 21st September, there were three cases in the Hospital. On the 24th, four new cases were admitted, most of them from the locality named, though two were from above St. Mary's Market.

Since that time yellow fever cases have been admitted into the Hospital daily, and nine-tenths of them have been brought from the infected district around the corner of Girod and Tchoupitoulas streets.

Up to the present time no case has originated or been contracted in the Hospital. The nearest approach to this was the following case. On the 3d of October, an old surgical case was admitted into surgical Ward, No. 2. A few days afterwards he was attacked with yellow fever, but recovered so far as to be able to walk out into the yard. He relapsed, and died with black vomit on the 12th. There was no other case of yellow fever in that Ward. We did not ascertain what part of the City he came from, but we think there can be but little doubt that he contracted this disease outside the Hospital. The resident students and nurses, although many of them are unacclimated, have escaped the fever thus far. It does not appear to be in the slightest degree infectious or communicable this year.

One Ounce of Tincture of Iodine taken by a Mistake.—Reported by J. W. Tottenham, Student of Medicine.—William Hen, patient in the Charity Hospital, was ordered an ounce of tincture of iodine, with directions to the nurse how to apply it. The nurse requested the patient to hold the phial while he stepped to the other end of the Ward to procure a brush. The patient being a German, and unacquainted with the English language, thought it was given him to drink, and swallowed it accordingly. He retained it about ten minutes, when violent vomiting and gastric distress ensued. Large draughts of warm starch water were administered, and in two hours the patient seemed as well as ever, and has had no further trouble.

Gangrenous Stomatitis.—Service of Dr. Picton—J. E. Keator, Ward Student.—The subjoined report of a case of *gangrenous stomatitis,* which came under observation about two weeks before the death of the child, is not presented with the view of exhibiting any peculiarity or novelty in the mode of attack or rapid progress of a disease so often observed among children, but rather to elicit more attention to the antecedent or preliminary cause of its invasion, a knowledge of which may tend to confirm a rational system of treatment, and thus diminish or remove the opprobrium hitherto resulting from a consciousness of our almost total want of adequate means to arrest a mortality nearly universal in this affection.

In the few remarks and suggestions offered, we shall avoid the many contested points involving the general physiological conditions of the buccal surfaces and various appendages of the mouth, the nature and difference of other forms of stomatitis, which might result in malignant degeneration, as well as the doubtful question of its existence in an idiopathic form. The connection of these diseases with their cause, is imperfectly known, even in those called consecutive, and much more so in those independent of any anterior buccal inflammation.

For even when considered primitive, it would seem, from recorded facts, to appear in children exposed to exanthematous fevers, typhoid fever, and other diseases, or in a confirmed cachectic diathesis, or in those placed under the most unfavorable hygienic circumstances, any one of which entail a depraved and noxious condition of the mass of the circulating fluids impinging on the buccal surfaces, which are vastly more exposed to erythematous and other modes of inflammation, than in the adult.

Whether consecutive to acute or chronic stomatitis, it is almost always the result of some general disease, or complicated with an ulcerous condition of the mouth, under circumstances alluded to.

It has been proceeded by Rubeola, Variola, Scarlatina, Pneumonia, Entero-colitis, or prolonged disturbance of the digestive organs, without naming others, as will be found sustained by the abundant testimony of those who have furnished statistics on this malady.

It germinates in those who are impoverished and debilitated by infantile disease, and finally displays its initial point in the follicles of the mouth, and proceeds in its ravages with frightful rapidity, unimpeded by any intervention of science or art. Should one, here and there, escape, it is mainly due to the recuperative energy of the system alone.

If this is true, we must employ great caution in the treatment and regimen, subsequent to attacks of eruptive fevers, and not rest satisfied to have conducted the patient safely through their regular periods, dismissing them with the guaranty of complete immunity. Important, and even vital alterations in the endangium alone, may continue for a long period and still escape general observation. Proper alimentation may be judiciously dispensed in the estimation of the practitioner, and yet defective assimilation will prevent an healthy appropriation for the rapid demands of those who are subject to these affections during the critical period of dentition, and even beyond the time for the displacement of the decidous teeth.

The possibility, and even probability, of some serious degeneration succeeding the acute or chronic affections incident to children, should always be kept in view; unflagging diligence in patient observation will rarely fail to guide to the adoption of a rational therapeia and such hygienic measures as shall reward him in a field of research much neglected, besides rescuing the profession from the reproach of having simply interposed by skill to subdue any one of the many diseases which threaten life, leaving unfinished such a course as will tend to stay the insidious, and oftentimes rapid sequelæ he must encounter.

Hereditary tendencies, intercurrent affections, peculiarity of temperament, nature and duration of disease, station in life, physical training, climatic influence, and exposure, etc., etc., must all be brought under review to sustain a sound judgment in the pursuit of such a mode of treatment as may be adapted to each case.

Case—Notes taken by Mr. Keator.—William Sauer, aet. 2 years, born of German parents, came to New Orleans from Mobile about two months since, in company with his parents, both of whom were sick, and were admitted into the medical wards of the Charity Hospital, while the child was placed among the healthy children. During his stay in that ward, he had two or three attacks of diarrhea, which were arrested with simple astringents. The child did not present the appearance of health; he seemed to have a weak and delicate constitution; his skin was of a dusky yellow color, and the adnata of his eye was remarkably bright. He was, also, quite irritable, and at times refused to play with the other children. About the 22d of September, he was admitted to ward 35½, to be again treated for looseness of the bowels, which was soon arrested. Two days after his admission, our attention was called to his mouth, which presented some slight ulcerations on the inside of both the upper and under lips.

Believing it to be only a simple ulceration, nothing farther was done on that day, than to cleanse the mouth with a wash of liq. sodæ. chlorinatæ. ℥j. to aq. ℥vj. On the following day the ulcerations had extended and presented a much more malignant character, while the peculiar odor marked but too plainly the nature of the disease. A mouth wash of liq. sodæ. chlo. ℥j to aq. ℥j. was ordered, with directions to cleanse the mouth thoroughly four or five times daily. In the afternoon of the same day, the ulcerations were thoroughly cauterized with *pure* hydrochloric acid, from which the child did not seem to suffer in the least, as he neither cried nor struggled. On the following day the acid was again applied, and the mouth wash frequently used; yet they seemed to produce but little effect in staying the progress of the disease, which had now shown its hideous form in such a character as not to be mistaken. The deeper tissues and the bones of the upper and lower jaws were attacked, and day after day teeth continued to drop out from both. On the fifth day a disinfectant mouth wash of creasote ʒiss. to aq. Oi. was applied, and continued for several days in conjunction with the acid hydr., but with no more effect than the previous applications. On the sixth day, the disease had perforated the upper lip near the *ala* of the nose. Two days later, the under lip shared the same fate, and two days subsequent to the perforation of the under lip, the cheek near the inner canthus of the eye, and by the side of the nose, yielded to its ravages. During all this time the appetite continued good, and the thirst moderate, although deglutition was very difficult. Stimulants were freely given to sustain the strength of the little sufferer; but, notwithstanding the most careful attention, and the most diligent application of remedies of the most powerful nature, he sank at the end of about two weeks from the date of attack.

[We were called on to prescribe for this case in the beginning, but on the second day the extreme malignity of the affection showed too plainly the utter futility of remedies.—Ed.]

SPECIAL SELECTIONS.

YELLOW FEVER: DISCUSSION BEFORE THE ACADEMY OF MEDICINE OF PARIS.

By Jules Guerin. Translated by Howard Smith, M. D., Prof. Materia Medica, etc., New Orleans.

At definite periods certain questions re-appear before the Academy, to bear witness to the changes they have undergone, by time and in the mind of the profession. Yellow Fever, its origin and its modes of propagation, have formerly been the occasion of debates the most animated, if not the most useful to the progress of Science. The names of Chervin and Pariset, representing two opposite opinions, have been like the two standards of the doctrine of infection and that of absolute contagion. For the former, Yellow Fever was never the result of contagion; for the latter, contagion alone could explain all the laws of its generation and of the transmission of the disease. Like all mere opinions, these two doctrines have biased the mind of the profession, and the warm, and even personal discussions which have resulted, have done nothing to clear up the obscurities of the question. It has not been forgotten, that if Pariset showed in the discussion more fire and more ingenuity, it was at the expense of close and continued observations. On the other hand, Chervin, more elevated in character than in intelligence, accumulated certificate upon certificate, to the almost total abnegation of scientific facts, and, certainly, of that healthy criticism which is capable of vivifying them. What has been the result? That, in default of a superior direction, the profession has submitted their solution to the influence of time and reflection—the method of investigation which, since that time, has made great progress, and has exercised its salutary influence on the theory of Yellow Fever, as on all the other great pathological questions. When chance, therefore, brought again the examination of this subject in apparently a special manner, all were surprised at the change of opinion which had taken place. But it must be remembered, in the beginning, that the special question of Yellow Fever is but a particular case in the great doctrine of epidemics; it is this doctrine, in its totality, with the general theory of the action of miasmata, of infection, of contagion,—in a word, of all the obscurities of epidemiology, whether it takes cognizance of Yellow Fever or of dysentery, of typhus or of cholera.

Examined from this point of view, the debate which sprung up at the last meeting of the Academy, on the presentation of a report upon the important work of M. Dutrouleau, on Yellow Fever, merits a notice; and if, on account of the inopportune moment at which it took place it is not, properly followed up, it is no reason why its importance and its bearing should not be pointed out.

The facts and ideas in this work of M. Dutrouleau present nothing definite. This wise and conscientious observer, who saw the disease in Martinique and Guadeloupe, confines himself to stating what he saw, without troubling himself about the influence it would have for or against this or that opinion. It was not, then, from this work that the spark fell which was to rekindle the blaze of Academic discussion. The spark was struck, the harsh and cutting contradiction of M. Londe, who, like an echo of the thoughts of Chervin, assumed that every opinion which did not acknowledge the origin of Yellow Fever to be due to miasmatic influence, was a denial of progress and a heresy.

M. Trousseau raised the glove thus thrown down by M. Londe, and with a rare talent of elocution and an incomparable reliance of memory, recalled all the circumstances of the epidemic of Gibraltar, which have overthrown in so crushing a manner the theory of Chervin. The situation of the rock, its elevation, its approaches, the nature of the soil, the salubrity of the city, all contributed to refute the doctrine of miasmatic influence, at least, as to its being absolutely pathogenic of Yellow Fever. In this case, then, particularly, this doctrine would be untenable. So thought M. Londe apparently, since he judged proper to make no reply. But shall we say that science should stop there? That there was nothing to add to what M. Trousseau said with such convincing force, and we willingly repeat with such persuasive power? We do not think that M. Bouchardat said one half of what he could have said. As a general rule, Yellow Fever is born of miasmatic influence; but once engendered, it propagates itself by its own inherent force; it creates new centres, spreads, and, like cholera, presents the double combination of a disease with a direct or spontaneous origin, and of a contagious disease. As regards the epidemic of Gibraltar, we are not perhaps sufficiently well informed upon the origin of the first case, and concerning the intercourse of the town with the infected districts.

To these important considerations, M. Trousseau made but a feeble opposition. It is not to be denied that in some cases, the events might happen as M. Bouchardat said, and particularly in the epidemic of

Gibraltar, it was possible that the yellow fever may have been imported on a vessel which arrived a short time previously at Algesiras. But we must not conclude that. although the disease is contagious, that, to propagate itself, it must necessarily travel in right lines, and by successive transmissions from its original centres—once developed, it reproduces itself from itself, as from a true centre of infection; it is thus that we have recently seen the typhus of the East brought by the soldiers from the Crimea, develope itself at Val-de-Grace, and attack the Sisters of Charity in the Institution.

Such is the doctrine of M. Trousseau, which we have reported succintly and almost literally, because it represents the opinion most generally received. But what is this doctrine, if it is not a compromise of several opposite opinions? M. Trousseau and the modern school believe, that in combining *infection and contagion* they reconcile all that is true in the two principal theories. This appears to us, in certain cases, at least, to be the result of a misunderstanding. Nothing is more probable than that yellow fever, like cholera, is born somewhere in virtue of certain specific principles of a peculiar character; this is primitive and spontaneous generation. But once launched abroad over the population, and endowed with a faculty of transmission, what need has it in its different peregrinations to reconstruct itself anew, in order to propagate itself and scourge in epidemics? And when we invoke infection to explain its expansions, we forget that in this case infection is simply the sum total of the specific germs of the disease, that is to say, the instrument and the matter of contagion, contagion itself. We must, therefore, define and understand words, lest we confound things. When it is said that the typhus of the East developed itself at Val-de-Grace, by means of infection, we reply that it was transmitted by patients coming from an epidemic centre, to patients far removed from that centre—so of the cholera, so of dysentery, so of all epidemics—with this difference, that some have a true centre of origin, under rare local circumstances, isolated and special, whilst others less specific, less exotic, can be produced and reproduced in different places, because the etiological influences upon which they depend, like the characters which belong to them, do not differ so much from the causes and the character of common diseases.—*Gazette Méd. de Paris*, 12th Sept., 1857.

[We give our readers here the concluding portion of Dr. Jonathan Hutchinson's articles on fibrous tumors· Herein is comprised all that is really practical in relation to this most important subject.—Ed.]

REPORT ON THE ENUCLEATION TREATMENT OF UTERINE FIBROUS TUMORS.

COMMENTS ON THE SERIES.

It will be observed that the operations recorded in the series given last week, although having the same result in view, may be divided into two classes, on account of the different mode in which it was attempted to be brought about. The first class would comprise those of *enucleations properly so-called,* in which the Surgeon aimed at completing the removal of the tumour at the time; and the second, those of *enucleations by gangrene,* in which a series of procedures were adopted with the object of exposing and partially detaching the growth, in the hope that its death and extrusion might follow. The former, of course, give us far more serious operations, but in the latter the process is a gradual one, and therefore the risk attending it is protracted over a much longer space of time. If the indications of the following table might be relied on, it would appear that the gross risk of the two modes is almost equal, and that under either about two-thirds of the cases end in recoveries. We must examine the comparative merits of the two in a little more of detail:

Method Pursued.	Number.	Recovered.	Died.
Primary enucleations, (completed).........	18	12	6
Ditto (attempted but not completed)......	6	4	2
Enucleation by inducing gangrene.........	15	9	6

PRIMARY ENUCLEATION.

Were the cases in which enucleation by gangrene has been practiced by Professor Simpson added to the above table, that method would compare with still less advantage with the primary mode than it now does. But the truth is, that the cases in which it was pursued have been, as a rule, much more serious ones than those in the first list. In most the tumour was of very large size, and either actually embedded in uterine tissue, or at any rate wholly enclosed within the cavity of the womb. Under the head of "primary enucleations," on the other hand, are included several cases in which the tumour was small size (less than a pear), and several others in which it was already somewhat polypoid in shape, having been partially extruded by the spontaneous contraction of the organ.* In these of course, the danger to life would be but comparatively little. Of cases in which the tumor was of considerable size, intra-parietal, and not protruding either into the uterine cavity or the vagina, and in which, consequently, primary enucleation was undertaken under the most dangerous circumstances, we have thirteen, and of these seven ended in recovery, and six in death. In the less serious class, those viz. in which either the tumor was small in size, or already projected considerably, we have ten, out of which only two ended fatally, and of these two, in one the tumor, although projecting into the uterine cavity, was so large that its removal had been found impracticable. It is evident, therefore, that in cases in which the two conditions of moderate size and of somewhat depending position are combined, the operation of primary removal by incisions and the use of the finger is attended by very little danger. In those in which the growth is of large size and completely embedded, the chance of recovery after its removal is about equal to the risk of death. In the largest of all, those, for instance, in which the tumor approaches the size of an adult head, no Surgeon would ever dream of primary enucleation. Among the causes of death we find peritonitis and inflammation of the pelvic cellular tissue to be by far the most frequent. The hemorrhage, with one or two exceptions, is stated to have been insignificant, and very few appear to have died directly from the shock of the operation. Although in several the operators state that they felt themselves at the time in great risk of lacerating the peritoneal investment of the uterus were spread over the surface of the tumor, yet that accident does not seem to have ever actually occurred. In only one case it is stated that any serious hemorrhage continued after the operation was concluded. Among the cases which recovered in not a few the patients were very ill indeed, and had narrow escapes of death either from peritonitis or exhaustion.

MODE OF PERFORMING THE OPERATION.

Whoever has either witnessed its performance, or read the detailed accounts given in some of the French narratives, will have no difficulty in admitting that the enucleation of a large embedded uterine tumor is an operation which calls into requisition first-rate surgical endowments. In

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*We have used the term "spontaneous enucleation" erroneously in reference to Mr. Teale's third case (Case 25). It should have been "spontaneous *extrusion*" as although the tumour hung low in the vagina. It was still covered by uterine mucus membrane in all parts.

not a few on record it occupied between two and three hours in its performance, and presented such obstacles, that the operators were repeatedly on the point of relinquishing their task. The circumstance that these tumors not unfrequently occur to single women, in whom the vagina is narrow, often adds to the difficulties of a case. It is, of course, impossible to give rules which should be applicable to all; but the following memoranda are the result of much investigation, and a careful perusal of all that has been recorded, and will probably be useful to any one that may contemplate its performance for the first time. 1. To have the tumor well depressed into the pelvis by an assistant. 2. To let the first incisions be very free, and pass deeply down into the tumor, thus not only completely dividing its capsule, but facilitating its bisection, should that afterwards be found requisite. This first incision should be made with a scalpel. In most cases it will be found convenient to pass the knife into the uterine cavity, and then turning its edge on to the tumor, cut downwards, and either forwards or backwards, according as the mass may occupy either the anterior or posterior wall. All experience goes to show that no important hemorrhage is to be feared from this incision, and, if directed in the manner indicated, the whole substance of the tumor will intervene between the knife and the peritonæum. 3. The capsule of the tumor having been opened, its separation should next be effected by means of the finger, or, if needful, by blunt-pointed curved scissors, the finger being used as a director. 4. The Surgeon should be provided for this part of the operation with a set of curved scissors, of various sizes and shapes; one pair at least should be very long indeed. He should also have several pairs of strong and large vulsella, a spatula, a blunt-hook, a scoop, and a pair of small midwifery forceps. In several cases the operators appear to have been baffled for want of vulsella of proper size and strength for securely holding the tumor. A strong whipcord ligature, and the various appliances for its use, should be in readiness in case of need. 5. The grand object of the operator, after having separated the tumor from its cyst wall sufficiently to allow its lower part being seized, is to invert the uterus, and drag the viscus, together with the tumor, to the external parts. If this be accomplished, the main difficulty of the operation, that, namely, of working in a confined space, is overcome, and a speedy conclusion may be effected. To do this, a large vulcellum should be carefully planted in the mass, and traction, at first gentle, afterwards vigorous, must be exerted. The axes of the pelvis must, of course, be carefully observed, and the traction must be steady, and not by jerks. As soon as practicable a second vulsellum must be placed above the first, or, is more convenient, the midwifery forceps may be employed. 6. After eversion has been accomplished, an examination with the finger in the rectum should be made, and the relative position of parts having been duly ascertained, the remaining attachments of the tumor must be cautiously separated. The utmost care must be exercised not to cut into an inverted pouch of peritonæum. 7. It is very possible, if the tumor be a large one, that it will be found convenient, before drawing it down, to cut away a portion or portions, and thus diminish its bulk. 8. It is needless to remark that throughout the utmost patience must be exercised, and as much gentleness as is consistent with the requisite degree of force. 9. The operation complete, the everted uterus must be returned; if needful, a sponge plug should be introduced, and a full dose of opium should be given. 10. The use of ice, of the ergot, and of diffusible stimuli must be resorted to, or not, according as circumstances may require.

AFTER-TREATMENT.

The after management of these cases must, or course, be conducted on general principles. The writer has, however, to speak in terms of the strongest commendation of the use of turpentine in that form of low inflammation of the pelvic organs, or peritonæum, which not unfrequently follows. It is more especially indicated if rigors have occurred, or if there be symptoms of impending pyæmia. The dose should be from 20 minims to half a drachm. Should there be abdominal tenderness, turpentine stupes may be usefully resorted to. Opium in full doses is another sheet anchor. Perhaps the symptom of restlessness will be most reliable by which to distinguish the cases most needing this drug. There would be no objection to combining its use with that of turpentine; but in cases in which the patient was sinking into helpless, profound exhaustion, and no peculiar degree of restlessness was present, the writer would prefer to rely on turpentine.

ENUCLEATION BY INDUCING GANGRENE.

This method, if we count those in which primary enucleation was attempted but could not be effected, and include also those believed to have occurred in Dr. Simpson's practice, has been performed in about 27 cases. Out of these there have been 13 deaths, 10 recoveries, and 4 incomplete cases, in which either it was known that the whole of the tumor had not come away, or there was a return so soon as to render it highly probable that some part had been left behind. Almost all these were cases in which the tumor was of very large size, and in several the operation was undertaken on account of immediate urgency, and after the patient had been reduced to the very lowest state by hemorrhage. Thus it appears probable that of cases of this class somewhat more than one half may be expected to come safely through the risks incident to the procedure, and rather less than half to result in complete cures. It must be borne in mind that a large majority, indeed almost the whole, were out of all possibility of treatment by the primary method. This plan has the recommendation of being an attempt to imitate nature. Although confessedly very frequent, yet cases have occurred in which fibrous tumours of the womb have sloughed and been extruded from their bed without the assistance of the Surgeon.[*] A far more common event than this is for them to become pedunculated and assume the polypoid form without wholly losing their connexions to the uterus. Although but few facts exist on which to ground a positive opinion, yet, judging from those which have fallen under our notice, we suspect that the fatality of the cases in which spontaneous extrusion has occurred has been little less than that of those in which it has been induced artificially. The process is one always attended with much constitutional irritation. Although no single operation is required in itself involving much risk, yet with a large sloughing mass in such an important position, with fetid discharges continuing for several weeks, the patient is kept for a considerable time in constant danger of the development of some fatal complication in the form of pyæmia, peritonitis, or a low type of inflammation of some of the internal viscera. Repeated, if not almost daily, manipulations are needed, and the increased risk of some contagion, either of erysipelas or pyæmia, being thus conveyed by the Surgeon, must not be lost sight of, especially if the patient be an Hospital inmate (see Case 80). Then, again, it must be borne in mind that the patient has been reduced by long-continued hemorrhages, and that in all probabillity her vital organs are already, to some extent, in a state of fatty degeneration, a condition which under the evil influence of profuse suppuration, is not unlikely to become rapidly advanced to a degree incompatible with continuance of function (see Case 33). These kinds of risks render the operation one which will always be attended with much danger, and we think all will admit that it is one which ought never to be performed in an Hospital ward. A healthy locality, and privacy in a large well-ventilated room, with the undivided attentions of a nurse, should be regarded as essential conditions. With these, and with most persevering attention to every minutiæ in the Medical and dietetic management of the patient, it may, perhaps, be reasonably expected that the mortality, even in severe cases, might not exceed a third; but there are certainly no grounds for hoping for a success beyond this.

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[*] For an interesting example of this, see Mr. Grimsdale's paper in the Liverpool Medico-Chirurgical Journal, No. I. We do not know where to turn for the record of an instance of spontaneous piecemeal disintegration, such as occurs in the cases surgically treated. One such, however, happened in St. Bartholomew's a few years ago, the patient being one of the ward nurses, and its particulars have been mentioned to us in conversation by Mr. Paget. The woman recovered, but Dr. West informs us that subsequently another tumour protruded, as a polpus, was removed by ligature and that death from pyæmia followed.

With regard to the plan of operating, it would appear that the knife possesses great advantage over escharotics. The object is as much as possible to separate the adhesions of the tumor from its cyst, and to thus cut off its vascular supply. Now the effect of the application of escharotics is well known to be to induce the union of subjacent parts, and of this the surgeon not unfrequently avails himself, as in the instance of abscess in the liver, requiring to be opened externally. The dread of hemorrhage from incisions has been proved by experience to be a chimera, and the prevention of this is, as far as we can see, the only shadow of an advantage which can be claimed for the escharotic plan. By means of a free incision the surgeon may not only divide the capsule thoroughly, but damage the tumour itself, and permit of the finger being employed at the time to accomplish the separation of the cyst wall to as great an extent as practicable. The usefulness of ergot after a free opening has been made, and the certainty of its action in promoting the expulsion of the tumour, is a point on which all observers agree. Whether or not an attempt should be made to accomplish the enucleation of the sloughing mass by the hand within a week or two of the commencement of the treatment, or whether it should rather be left to disintegrate and come away in fragments, is a point which the circumstances of the particular case must decide. Dr. Atlee's experience seems to be that the tumour may be left to disintegrate with very good confidence (provided it have been well exposed and freely cut into) that such result will ensue; and some facts which have fallen under the writer's observation lead him to give full credence to this *á priori* improbable statement. The vitality of many uterine fibroids appears to be very small indeed, and comparatively little interference will often suffice to ensue their death, whilst the manner in which large tumours, when they have once become sloughy, will as it were melt away, is quite astonishing.

WHAT EVENTS MAY BE EXPECTED WHEN FIBROUS TUMOURS ARE NOT INTERFERED WITH?

The determination of the feasibility of the enucleation treatment does not rest solely on an accurate estimate of the amount of risk which inevitably attends it. We must consider the other alternatives which are offered us. And here, in truth, is by far the greatest difficulty of the question. If these tumors were always fatal within a short space of time, no one would hesitate to recommend a procedure that offers a fair chance of a complete cure in a proportion of about two-thirds. But we know on the other hand, that they are of by no means infrequent occurrence, and often cause to their possessors exceedingly little inconvenience. In cases, too, in which at one period of life, and that often a protracted one, repeated and exhausting hemorrhages have been induced, we know that infrequently the tumor will either alter its position, diminish in size, or undergo such modification in its relations that the troublesome symptoms cease to occur, and the patient be restored to health. On this point we will quote only the confirmatory testimony of Lisfranc, which is the more valuable because it comes from an ultra-partisan of the operation. After speaking of temporary abatements of symptoms, that Surgeon writes: "Il est des personnes plus heureuses: après avoir éprouvé pendant quelques années des douleurs violentes, des pesanteurs fort incommodes, des pertes très abondantes, beaucoup de troubles dans les fonctions digestives, etc., elles voient ces phénomènes morbides se dissiper; l'embonpoint renaît et même quelquefois la fraîcheur: il existe seulement un peu de fleurs blanches, une légère pesanteur et quelques petites douleurs dans les reins; j'en soigne plusieurs qui portant des matrices énormes et fortement bosselées fournissent depuis dix ou douze ans leur carrière avec les faibles inconvénients que j'ai indiqués; elles semblent promettre de la poursuivre longtemps et peut-être même, à l'aide des moyens hygiéniques et de quelques soins thérapeutiques, comme si l'utérus était à l'état sain."—*Clin. Chir. de la Pitié*, vol. iii. p. 16.

Researches in the pathological theatres show us what these changes are, the effects of which we have noticed in the sick room. Uterine tumors are often found contracted, and to a large extent ossified, or lodged in the outer part of the uterine parietes, or even pedunculated into the peritoneal cavity. We might also mention, under the possible events which may obviate the necessity of an operation, that spontaneous enucleation may occur; but, as we have seen above, that the risks attending this process are probably as great as when the surgeon interferes, it need not claim much attention. Thus, then, there are probably but very few cases in which the conscientious surgeon could say to his patient that the chance of recovery without an operation was hopeless. Still, however, that a number of deaths from these tumors ‡ does occur is undoubted; and in certain cases the amount of reasonable hope is, it will generally be admitted, very small indeed. While, therefore, the indiscriminate adoption of these operations would be exceedingly unwise and wrong, yet we cannot but think that the reverse is the case under conditions of urgency. It happens very fortunately that those tumors which cause serious symptoms are usually the ones most easily accessible. The proximity of the tumor to the mucous membrane of the uterus or vagina, but especially of the uterus, appears to be the main determining cause of hemorrhage, and just in proportion as it bulges inwards is of course its suitability for enucleation. Tumors of very large size have, on the contrary, usually risen well out of the pelvis, and the symptoms attending them are often comparatively insignificant. Two cases, which well illustrate these remarks, are at present under the treatment of the writer. In the first the tumor is apparently about the size of an infant's head, is lodged in the posterior wall of the urerus, and is wedged in the upper part of the pelvis. The patient, a single woman aged 46, formerly enjoyed excellent health, and was in very comfortable circumstances, being a clever hand at the umbrella trade. The tumor has been known to exist for four years, and during that period she has been reduced to a most feeble state, and wholly incapacitated both for her occupation and for any enjoyment of life. She has now the anæmic, blanched aspect of a patient in the last stage of a malignant disease, and was indeed at one period under care at a special Hospital, where she was told that her disease was cancer. The feet are often œdematous. The tumor can be easily felt above the pubes, but does not rise high. At present a course of the bromide of potassium is being employed, but repeatedly, during the last year, the propriety of attempting enucleation has been considered, and several consultations have been held. The second case is that of an unmarried woman, aged 30.

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‡ An instructive and warning case of death from a fibrous tumor, which was in slow process of spontaneous extrusion, is given by Mr. Grimsdale in the paper already referred to. The tumor was found after death to have been in every way well suited for artificial removal. Many such might, doubtless, be collected. We refer to Mr. Grimsdale's paper with much pleasure, on account of the ability and candor which characterise it. Those of our readers who contemplate the performance of operations of this kind will do well to refer to it, as well as to the detailed descriptions which have been given by French Surgeons.

The tumor is an enormous one, reaching higher than the umbilicus, and distending the abdomen as if in the last week of pregnancy. Yet here the symptoms are comparatively in abeyance. Menstruation is regular and not too profuse, and attacks of hemorrhage occur only at intervals of several months. She is able to follow her occupation as a dressmaker regularly, and suffers very little inconvenience beyond the weight, etc. of the mass. It would, of course, under such circumstances, be madness to think of attempting any Surgical treatment.

CONCLUSIONS.

We state the following as conclusions, not in any dogmatic or positive sense of the term; they are the impressions arrived at after much careful study of the subject, but further experience may very likely modify some of them :—

1. That surgical interference with interstitial fibrous tumors of the uterus is always attended with very considerable risk, and ought not to be practised except under circumstances of urgency, of when the position of the growth is peculiarly tempting.

2. That when the tumor is not of very large size, and is already partially extruded, the operation is rendered comparatively devoid of danger, and ought to be performed at once.

3. When the tumor is yet wholly imbedded, and even when of large size, the enucleation treatment is yet warrantable, if the patient's life be threatened by hemorrhage.

4. That primary enucleation, where at all easily practicable, is much preferable to the secondary method.

5. That where the tumor is very large, or where found after the incisions to be firmly united to its capsule, the secondary plan should be preferred.

6. That whichever plan it is intended to adopt, the first incision should, excepting under unusual circumstances, be made from within the cavity of the cervix, and should be as free as possible.

7. That the danger of hemorrhage from this incision is very slight indeed.

8. That as much should be done as practicable at the first operation in the way of freeing the tumor from its cyst. Thus if the adhesions be found more loose than had been expected, a primary enucleation may be completed where the slower plan had been proposed.

9. That the after-treatment in cases of primary enucleation should consist in warding off the shock by opiates, in sustaining the strength, and in the free use of stimuli and nutritious diet.

10. That in cases of secondary enucleation the ergot of rye should be administered, so as to keep up vigorous uterine action, that the greatest attention should be paid to sustaining the patient's strength, and to the removal of discharge, and shreds of slough, as fast as formed.

11. That in cases of great exhaustion, and threatened pelvic inflammation, the internal use of turpentine is of great value.

12. That in cases of secondary enucleation the Surgeon need not be anxious about the removal of the tumor *en masse*, but may entertain a good confidence, that if it have taken on a sloughy state in its lower part that the death and piecemeal disintegration of the whole will follow.

13. That the "recurrent fibroid" tumors slough away yet more readily after interference than the true fibrous ones, although liable to return after a short interval of health.

14. That after a successful enucleation procedure, complete, though gradual, restoration to good health may be expected.

JONATHAN HUTCHINSON.

Medical Times and Gazette.

EDITORIAL AND MISCELLANEOUS.

THE LECTURE SEASON.

So far as we can judge from the signs of the times, the present promises to be the most brilliant lecture season ever known in New Orleans. It is impossible to say what will be the effect of the "hard times" in keeping students of medicine at home, but so far the numbér in the city is unprecedentedly large. Students of medicine in New Orleans early in October! Who ever heard of such a thing before? Ah! Competition, thy power is immeasurable.

The Session of 1856, '57, was an epoch in the history of medicine in New Orleans. The first revolution in the great wheel of competition occurred then, and one hundred more students flocked to our city than were ever before known here. Who can say what will be the final result? Why shall not New Orleans now become the Paris of America? There are ample room and unrivalled advantages for one thousand students, and why shall they not come?

Apropos, Dr. A. Peniston, Professor of Physiology, in the New Orleans School of Medicine, has returned from Paris, fresh from the studios of Bernard and Robin, and a new era is about to dawn in the physiological history of New Orleans. Experimental, Microscopical and Chemical Physiology will be a prominent portion of the curriculum of studies in the new school, and Dr. P. will devote himself, heart and soul, to the advancement of his pupils. He is enthusiastic in the cause, and he is prepared to fill the measure of his duty. He will throw an interest around his chair, which must attract the real student.

The 21st day of October, 1857, will not soon be forgotten by those interested in the study of medicine in New Orleans. On that day, the first operation for the permanent gastric fistula was performed on a dog by Dr. Peniston. The operation was well performed, and the animal is, at this moment, doing well, and will, most probably, soon present himself a living fountain of gastric juice for the instruction of the class. But, in speaking of experimental physiology in New Orleans, the name of Dowler rises before us, and we cannot refrain from here recording the fact that he was the first, and hitherto the only man who ever ventured to wander into these dark labyrinths of science in our great city. Bennet Dowler made the sleepy alligator spring from his lethargy, and speak trumpet-tongued to the physiologists of the world; but the alligator spoke an unknown language, and perhaps Dowler did not perfectly translate the lessons enunciated. Still, he made him speak, and his words are recorded.

And yet, Dowler was not the first to *teach* experimental physiology. It has been left for younger men to inaugurate this innovation, and if there be any good in it (of which no man, who is not far behind the times, entertains a doubt), then the students of the new school shall partake of it.

Whilst in Europe, Dr. P. attended to the selection of library, additional museum, a cabinet of materia medica, a complete set of surgical and obstetrical instruments, etc., etc., for the school. The institution will soon have in place 1500 volumes of most valuable books; the additional museum consists of all sorts of anatomical and other preparations; and the cabinet of materia medica is one of the very finest in the world, and will, when complete, consist of 1200 specimens, put up in the most elaborate style, and each a type of its kind. Our collection of instruments will embrace everything in the surgical and obstetric line. Adverse winds have detained the ships bringing these articles much later than we anticipated, but they are beginning to arrive, and we are safe in giving the assurance that the pupils of the school will have everything they can possibly desire, and all in good time. This is not the first adverse wind the institution has encountered since its organization, and it is well thus, as nothing is more fatal to the success of great enterprises than to be lulled into a consciousness of absolute security. *Qui vive!* should be the unceasing cry.

Once more, we say, the organization of a new school in New Orleans can have but one result, viz: stimulation to exertion, and consequent increase in the number of students. It is hazardous to predict in the face of the "hard times," but we think we may safely say, there will be a greater number of students here this winter, than was ever known before.

HEALTH OF THE CITY.—At the very latest moment allowed by the press we make a few remarks in relation to the health of the City. With the exception of Yellow Fever, which has been at work to some extent among the lower class of our population, there is no unusual sickness. Even the outbreak of Yellow Fever has given the doctors nothing to do, as the cases are nearly all from one locality, and five-sixths of them go to the Charity Hospital. All our business population is in the City (acclimated and unacclimated) and the disease has passed them by. We have more students of medicine, too, in the City than were ever before known here at this season, and in no instance has the disease attacked them. The fact is, the history of Yellow Fever in New Orleans this season is of rare interest to the profession. It has certainly been here since the 10th of September; it commenced with the lower classes in a most filthy locality, and it has continued amongst them; it has been very limited in its work, even amongst this class; it has not extended to the better classes, and it has shown not the slightest evidence of being infectious. We are happy to know that it is now declining, and our mortality will soon resume its proper standard. We said in our October issue that we believed there was not the least risk in visiting the city, and we now feel that we have stronger ground for reiterating the opinion.

YELLOW FEVER AT THE CHARITY HOSPITAL.—A rare opportunity has been presented for the study of Yellow Fever at this institution, and one that should not be lost by Southern medical students, all of whom may expect to encounter this disease in their future practice, if they settle in this region. This year the disease displays no infectious characteristics whatever. The Hospital has not been free from yellow fever since the 16th of September, yet, notwithstanding the large number of unacclimated persons there exposed to it, amongst the resident students, nurses and patients who entered for other complaints, in not a single instance has the disease been communicated. We advise students, on their arrival from the interior of the country, not to go immediately into the yellow fever wards, but to wait a week or so, until they have time to reflect upon the matter, and to overcome the timidity incident to most persons, when conscious of exposing themselves to a disease of such formidable name. But after students become assured that there is no danger, they may seek yellow fever cases, and avail themselves of the opportunity to study at the bedside, and in the dead-house, the only places where its pathology and treatment can be learned. The opportunity for seeing the disease will have soon passed by, as it is declining.

In this connection we will state, that the bodies of yellow fever subjects are not used in our dissecting rooms.

OBLIQUITY OF THE GRAVID WOMB.—The predominance of right obliquity of the gravid womb has long defied explanation. Dr. B. F. Richardson, Adjunct Professor of Obstetrics and Diseases of women, in the Medical College of Ohio, attributes it to the presence of the aorta, which lies on the left of the median line, and "which, *during life*, is more than half an inch, and quite resisting—exerting a mechanical influence sufficient to determine that, which, in its absence, *would be undetermined.*"

So far as we are aware, the idea is original with Dr. R., and it is very plausible; but no doubt there will be forty *claimants* for the honor of the discovery.

MENORRHAGIA SUCCESSFULLY TREATED BY THE APPLICATION OF SOLID NITRATE OF SILVER TO THE CERVIX.—Dr. A. D. Stevens, of Canada, reports a case of severe menorrhagia, in the Medical Chronicle, in which all the usual remedies were used without avail. He then applied the solid nitrate to the lining membrane of the cervix, and recovery was prompt. An item worthy of record.

Doctors' Fees.—The Boston Medical and Surgical Journal says—"The bills presented to the County of New York, for medical and chemical services, connected with the murder of Dr. Burdell, last winter, were as follows: Dr. J. W. S. Gouley, for microscopical examination of blood, etc., $300. Dr. Wm. Knight, for surgical examination of the wounds, inspection of the clothing, furniture, dagger and other instruments, etc., $350. Profs. Doremus and Childs, for ten days services in chemical and microscopical examinations, with chemical assistant, $400." Decidedly liberal—on the part of the County.

A Curious Phenomenon.—A private correspondent (a physician) mentions to us the fact of a chicken having been killed in Mississippi, the other day, which had two livers, two gall-bladders and two gizzards. It was killed by a servant for dinner, and was at once exhibited to the mistress of the house. Unfortunately, she did not appreciate it, and the organs were thrown to the dogs before the master (a physician), returned home. It is a great pity that a complete dissection of all the abdominal organs could not have been made, and the parts preserved.

Ligature of the Common Carotid was performed in the Charity Hospital, by Dr. Saml. Choppin, Professor of Surgery in the New Orleans School of Medicine, on the morning of the 20th inst. So far, the patient is doing well. A full report of the case will be rendered in our next issue.

Cæsarean Section has very recently been performed in this city by Dr. Langenbecker, on account of extreme reduction of the antero-posterior diameter of the superior strait of the pelvis. The woman has since died, but the child is alive and doing well. Dr. L. promises us a full account of the case.

Tubercular Degeneration of the Uterus.—We witnessed an autopsy recently of a negro woman, who died of extensive tubercular disease, and on exposing the uterus to view, the whole of the body of the organ was found to be a mass of tubercles. The substance of the organ was extremely friable, and broke down readily under moderate pressure after being laid open by the scalpel.

THE LIBRARY OF THE NEW ORLEANS SCHOOL OF MEDICINE.—The Faculty of this Institution have determined to throw their Library open to all regular members of the profession of this city, and also to medical gentlemen from abroad, who may be sojourning in the city. The terms are five dollars per annum for the use of the Library, and five dollars deposited as guaranty against abuse or loss of books—the latter to be refunded whenever the subscriber may desire to withdraw. The object is to give the profession the fullest benefit of the Library, and all subscriptions paid in will be scrupulously devoted to the same. As a nucleus, there will be about fifteen hundred selected volumes, and the determination is to increase the Library as rapidly as possible.

PRIVATE DISSECTING ROOM.—The first private dissecting room ever established in New Orleans is now to be found in the new School. It is intended for the use of graduates in medicine, whether from the city or from abroad. It is the handsomest room for the purpose we have ever seen. The fee for admission to all its privileges is $30. Material furnished in abundance.

The California State Medical Journal—has been discontinued for the want of patronage. We thought such would be its fate when it lent its pages to the persecution of Dr. Simmons. Dr. S. has outlived the journal, and will, doubtless, outlive the author of the ungracious attack on his reputation as a physician.

CAN IT BE TRUE.—The Montreal Medical Chronicle for October, says: "One of the so-called "heads of the profession" in New York boasts that he has a hundred young doctors in town, who are ever hunting up consultations for him: so that half of his income was derived from this source." This is hard to believe, even in these hard times. Where did the Chronicle pick up this item?

THE MOTHER'S HAND-BOOK.—Enclosed with the September issue of the American Medical Monthly, is a little pamphlet entitled, "The Mother's Hand-book: a guide in the care of young children. By Edward H. Parker, M. D., Professor, etc." We opened it with the expectation of finding, perhaps, some useful little nursery hints, when lo! it turns out a mere advertising sheet of the nursery book, with puffs from the newspapers and church organs of the day. Not a single notice from a medical journal, or even a respectable private practitioner. Not another word is necessary. The book is said to be cheap. *Only one dollar..*

More Presents for the Museum of the New Orleans School of Medicine.—To Dr. Schuppert, of this city, the Faculty of the New Orleans School of Medicine are indebted for two most beautiful anatomical preparations from nature—the one displaying the nerves, blood vessels and muscles of the face and neck; the other displaying those of the arm, forearm and hand. These preparations were made by Dr. Schuppert when a candidate for the degree of M. D. in Germany, and to say that they are master pieces, is not saying one word too much for them or for him.

To Dr. Hart, of this city, the Faculty are indebted for a rare and remarkable specimen of diseased human heart.

To Mr. Payne, resident student in the Charity Hospital, the Faculty are under obligations for a fine specimen of a six months gravid womb and contents.

To Dr. Leake, of Mississippi, the Faculty are also greatly obliged for a remarkable monster, well preserved in alcohol.

It is thus that we shall, in a few years, be enabled to bring together a collection unrivalled, at home or abroad. The Faculty, themselves, are laboring in the good cause, and it is cheering, indeed, to witness these evidences of a general disposition to aid us.

List of Payments—*To October 27th*, 1857.—Drs. Thos. Hunt, $5, 1857; J. T. Thorpe, $5, 1857; W. R. Nelson, on account, $10; S. S. and W. Wood, advertising, $10; J. L. Gauthreaux, $5, 1857; Snow, $5, 1857; Eylandt, $5, 1857; G. A. Nott, $5, 1857; Alpuente, $5, 1857; J. C. Cummings, $5, 1857; Williams and Bemiss, $5, 1857.

BOOKS AND PAMPHLETS RECEIVED.

"On the Diseases of the Skin. By Erasmus Wilson, F. R. S. Fourth American, from the fourth and enlarged London edition. Philadelphia, Lea & Blanchard." One of the very best books extant, and deserving a place in the library of every medical man.

"Elements of Pathological Anatomy. By SAMUEL D. GROSS, M. D., Third edition, modified and thoroughly revised." Lea & Blanchard, Philadelphia, 1857.

"The effects of Climate on Tuberculous Disease. By EDWIN LEE, M. R. C. S., London," etc.

"The influence of Pregnancy on the Development of Tubercles. By EDWARD WARREN, M. D., of Edenton, North Carolina." These are the two Fiske Fund Prize Essays—the former for the year 1855, and the latter for 1856. Messrs. Lea & Blanchard have published them in beautiful style, and they are worthy of a careful perusal, even if the author of the first named essay has displayed so much unpardonable ignorance as to say that in America, "exploration of the state of the organs contained in the thoracic cavity, by means of auscultation and percussion, forms no part of the education of medical students."

"A Theoretical and Practical Treatise on Midwifery, including the Diseases of Pregnancy and Parturition, and the attentions required by the child from birth to the period of weaning. By P. CAZEAUX, member of the Imperial Academy of Medicine, etc., etc. Second American, translated from the fifth French edition, by Wm. R. Bullock, M. D., Philadelphia; Lindsay and Blakiston, 1857." This is probably the very best work on Midwifery in the English language. We received the French edition last season from Paris, and can safely say that Dr. Bullock has done great service in his faithful translation. The work must sell rapidly.

"Principles of Medicine. An elementary view of the causes, nature, treatment, diagnosis and prognosis of disease; with brief remarks on hygiene, or the preservation of health. By CHARLES J. B. WILLIAMS, M. D., F. R. S. A new American, from the third and revised London edition. Philadelphia, Lea and Blanchard, 1857." Too well and favorably known to require comment.

"The Practice of Surgery. By JAMES MILLER, F. R. S. E., F. R. C. S. E., etc., etc. Revised by the American editor. Fourth American, from the last Edinburg edition. Illustrated by three hundred and sixty-four engravings on wood. Philadelphia, Lea and Blanchard, 1857." One of the very best books extant.

"A Case of Fibrous Tumor of the Uterus, accompanied with excessive hemorrhage, successfully treated by excision. By B. FORDYCE BARKER, Professor of Midwifery, etc. From the American Medical Monthly, September, 1857." A very interesting and instructive case.

MONTHLY REPORT ON CHEMISTRY, ETC.—*By I. L. Crawcour, M. D., Professor of Chemistry and Medical Jurisprudence, New Orleans School of Medicine. Member of the Society of Arts of England, etc., etc.*

A new method of estimating the amount of Morphine in Opium.—Mr. Fordos has recently described a mode of analysis, which is not only more exact than those hitherto employed, but the execution is easier and more rapid.

Fifteen grains of opium cut small are macerated in sixty grains of water, and the whole shaken from time to time. After this has continued for twenty-four hours, the whole is poured into a mortar, and the opium thoroughly mixed and divided by means of the pestle. It is then poured on a small filter, and when the fluid has passed through, the filter is washed with fifteen grains of water, which had previously been employed to wash out the water, and the flask in which the maceration had taken place. This is repeated twice or three times with ten grammes of water each time. The opium is now sufficiently exhausted. One-third of the liquor is now taken in order to determine the quantity of ammonia necessary to precipitate the morphine. The ammonia is added drop by drop from a graduated pipette, and is arrested as soon as the fluid presents the slightest ammoniacal re-action. The quantity of ammonia required is carefully noted.

The determination of the morphine is now effected in the remaining two-thirds of the liquid, which represents ten grains of opium. To this an equal volume of alcohol is added, and double the quantity of ammonia employed in the first experiment. The liquid is well shaken and left at rest for some time in a well corked bottle, it soon deposits crystals, some of which are in fine needles almost colorless, these are crystals of narcotine, others are in prisms, are larger and somewhat colored, and are morphine. After two or three days, the flask is again well shaken and left to repose in order to allow the morphine to precipitate completely. The crystals are collected on a filter, and washed with a small quantity of weak alcohol, which removes the mother liquor, and the coloring matter. We have now on the filter mixed crystals of morphine and narcotine. These are allowed to dry in the funnel, then there is poured over them ten cubic centimetres of pure sulphuric ether, and then ten or fifteen cubic centimetres of chloroform. The crystals of narcotine are instantly dissolved by the chloroform and pass through the filter, which is again washed with a small quantity of ether to remove the last traces of narcotine or chloroform. The filter is dried and the crystals of morphine are detached and weighed.

By the process just described, the water dissolves the morphine, which exists as a salt and takes up but a minute proportion of narcotine, and resinous coloring matters. If the ammonia were added at once to the aqueous solution, we should have a precipitate of morphine, narcotine and coloring matters; the addition of the alcohol prevents this, by retarding the precipitation of the alkaloids, and giving them time to take the crystaline form, and in addition holds in solution the coloring and resinous substances. The washing with chloroform seperates all the narcotine, and leaves the morphine pure.—*Journal de Chimic Medicale, August* 1857.

THE URINE OF NURSING FEMALES.—Mr. Leconte denies the existence of sugar in the urine of nursing women as stated by some Pathologists. The following are his conclusions :

1st. That sugar did not exist in any sample of the urine of nursing women that he examined. His analyses were very numerous.

2d. That alcoholic fermentation never took place when yeast was added to such urine.

3d. That all urine will reduce the test liquids usually employed, unless recently prepared; the causes of this reduction being many, but uric acid possesses the power of reducing even fresh test solutions.

4th. That the urine of nursing women contains less urea and more uric acid, than ordinary urine, thus accounting for the facility, with which the tests are reduced.

5th. That the quantity of water and solid matters in such urine is the same as under ordinary circumstances.—*Journal de Chimic Medicale, August* 1857.

NEW TEST FOR GRAPE SUGAR.—Mr. Boettiger gives the following as being specially applicable to the analysis of diabetic urine. After the urine to be tested has been introduced into a test glass, its own bulk of a solution of carbonate of soda of the following composition is added to it :

Crystalized carbonate of soda........................	1 part.
Water..	4 parts.

Then as much subnitrate of bismuth as will lay on the point of a knife, and the whole is to be boiled; if the liquid is free from diabetic sugar the subnitrate of bismuth remains white, whilst it blackens more or less, however little sugar of the glucose species it may contain. Cane sugar has no action in this case; moreover the re-action belongs only to glucose and its varieties, whilst it has been well proved that the alkaline tartrate of copper is reduced by uric acid.—*Chemist, September* 1857.

ARSENICAL POISONING TREATED BY ALCOHOL.—Dr. DeLarue relates the following case: a lady, her two sons and two servants had been poisoned by partaking of a cake, which by an error had been made from a mixture of arsenic and flour destined to kill some rats. All the patients presented the same phenomena, viz: general anxiety, extreme debility, pain in the limbs, burning heat along the whole digestive tube, the epigastrium painful on pressure, frequent vomiting, bilious diarrhea, scanty urine, nervous tremors, insomnia, ptyalism, strong metallic odor, burning thirst, pulse soft, small and very compressible, skin bathed in cold perspiration. Dr. DeLarue, thinking this a fine opportunity for applying the therapeutic doctrines of the Italian school, prescribed as follows:

1. low diet; 2. repose; 3. mild diluents; 4. brandy administered pure, in tea spoonful, doses every fifteen or twenty minutes. Under the influence of this stimulating treatment all the symptoms diminished, and the next day the cure was accomplished. The doctor adds, that although the brandy was given in very large doses, viz: about three ounces to each individual, no accident resulted.

The treatment adopted in this case is certainly very singular, and Dr. DeLarue must be a bolder practitioner than the majority of his confreres. How much is due to the treatment, and how much to nature, we leave to our readers to determine. We must confess that we should hardly dare to venture on a similar plan in any case of poisoning by arsenic, and certainly cannot recommend it. We would suggest that in the cases detailed, the real antidote was the amount of mucilaginous drinks prescribed, for as Orfila observes "Diuretics" given in abundance frequently eliminate in the urine the arsenic which had been absorbed and carried into the tissues. All animals, "he continues," poisoned by the application of arsenic to the exterior of the body, and who would have died had they been left to themselves, were cured in a short time, when they were made to urinate abundantly, and arsenic in considerable quantities was found in the urine *Journal des Connaisances Med. Chirurg*, Sep. 1. 1857.

EXCERPTA.

Case of Fæculent Discharge from the Groin.—*By C. Ellery Stedman, M. D.*—On the 25th of July last, I was called to a patient of my father's, Mrs. F., the wife of a respectable mechanic, and whose occupation had been that of a seamstress. She was a stout, cheerful-looking woman, and her general health had been very good, with the exception of turns of dizziness and "rushes of blood to the head," with occasionally, transient attacks similar to the present.

I found her complaining of pain, heat, and swelling in the right inguinal region. She had had soreness in this spot three nights before, and had applied baths of hot rum, and other domestic remedies, without the relief which she had usually experienced at such times. On examination, I found in the right groin an inflamed swelling, which had the look and feeling of a bubo ready to be opened. She said she could feel the air rushing into it when she moved or coughed; she never had had hernia, nor was there reason to fancy any specific taint. Near the right anterior superior spinous process was the scar of an incision in the abdominal wall, some three or four inches in length, with a deep depression in its middle, like a navel, just above the process. Though her pulse was small and she was a little excited, her skin was cool, tongue clean and countenance natural.

In answer to questions about her previous history, she said she had been in the Massachusetts General Hospital for a similar attack some twenty years ago, and on referring to the Hospital Records I find the following report of her case:

"Mrs. F. was admitted to the Hospital, April 11th, 1836. Reports that she had, on the 2d instant, sudden pain in right iliac region, followed by pain and distress in epigastrium, with nausea and vomiting; the pain in abdomen continuing severe during the day and night; extreme over whole of abdomen next day, with nausea and vomiting. The following day the abdomen was swollen, but less painful. The swelling has continued to increase till the present time, with constant pain. Has had poultices, and four or five grains of opium daily. Has taken no nourishment for three days. General health good. Had been washing in the morning, and thinks she took cold. Bowels regular. Now, pain severe in iliac region, with much redness and swelling, and distinct fluctuation. Tenderness over whole abdomen. Pulse 120. Skin hot. No appetite. Thirst. Poultice. Opium.

12th. Abscess punctured in two places, and eight ounces of thick, dark, very offensive matter discharged.

13th. Was much improved, with pulse and tongue natural, having slept tolerably well. No pain; discharge free; some appetite; costive.

14th. Had a cathartic, which operated. Some pain in abscess, but otherwise comfortable. Liquid diet. Bread.

19th. Openings dilated with probe-pointed bistoury.

June 6th. Comfortable. No discharge from lower opening; slight purulent discharge from upper. Appetite good. [These two openings were some six inches apart, one being in the groin, the other just above the anterior superior spinous process of the ilium.]

12th. Lower opening healed, and upper one nearly so; the discharge is diminishing, and the bowels are regular.

14th. Lower opening dilated; considerable watery discharge.

17th. Some pain. Discharge small, and bowels regular.

18th. Pulse 72. No discharge from the lower orifice. Some bloody oozing from the upper. Bowels continue regular. Some nausea and cardalgia to-day.

19th. She sat up.

24th. Pain and burning in abscess, with very slight acceleration of pulse. Bowels regular. Relieved by hop fomentations and leeches.

25th. Headache and nausea.

26th. Headache and nausea continues. Slept after an opiate. Skin hot, and much pain in abscess. Chills and heat. No appetite. No discharge.

27th. Little sleep. Was ordered calomel and jalap.

28th. Vomiting and purging from medicine. The action of vomiting caused considerable discharge of fæcal matter from both openings of abscess. Complains of pain in right arm, and cramps in legs; much less pain in the abscess. White coat on tongue. Pulse 96.

30th. Pain in bowels. Discharge continues the same. Pulse 90. No appetite. Bowels regular.

July 9th. Comfortable, with very slight discharge from abscess. Is weak. Not much appetite. Bowels regular.

19th. Opening nearly healed. Bowels regular. To have compression to abscess.

22d. Is discharged well."

Mrs. F. also states, in addition to the above, that the flow of fæcal matter, when the abscess was open, was enormous, and particularly offensive, but that after that time the discharge was entirely destitute of odor. She farther says that the house-surgeon was accustomed to pass a probe between the two openings to keep the gut clear; and on one occasion, when the visiting surgeon expressed doubt of the assertion that undigested food passed out at this temporary fundament, in a short time after its ingestion, she was enabled to produce, triumphant, for his inspection at the next visit, upon the napkin which covered the orifice, the baked apple of which she had partaken for breakfast some half hour before.

Since she quitted the Hospital in 1836, the only exception to her general good health has been an occasional attack of rheumatism.

After my visit to her last July, she took light nourishment, and used opiates and poultices till the 3d of August, when the abscess broke, discharging nothing but pus. Up to this time there had been no derangement of the bowels. On the 12th, it is noted that she "had a dejection last night. Pulse 72. Tongue clean. Countenance and skin natural. A copious watery discharge took place, and continued running all night, completely drenching the bed-clothing." This discharge she describes as thin, limpid, hot and odorless; it has taken place three times at about midnight, and when it is set up she says that it runs "like a brook" all night. These discharges are exceptional. Usually the matter escaping from the opening is yellow or fæcal, and perhaps purulent and mucous, but always without odor.

She complains of copious night sweats and "distressed turns," with chills and heat, the cold stage sometimes amounting almost to collapse. She is also troubled considerably by tumefaction of the abdomen, unaccompanied by tympany or fluctuation, which does not precede, nor is it relieved by the watery flow mentioned above. The appetite is sometimes good, sometimes dainty. What food she takes digests well, her dejections sometimes being natural and sometimes obtained by means of enemata.

Last week, the fistula had apparently ceased running, the opening being about the size of a small pea; but a cup of coffee disagreeing with her, caused an attack of indigestion, and it opened again, with a slight brown discharge. On the 19th, she suffered from wandering pains, and was forced to take a cathartic, during the operation of which a small evacuation of the same brown, odorless matter escaped from the opening in the groin. On the 21st, she is very well, cheerful, gaining in appetite and strength, with no discharge of any sort from the fistula; and hopes, as soon as the slight redness now existing about the groin has departed, to wear a compressing bandage and sit up.

The points which have particularly interested me in the case, and upon which I should like to hear the opinion of other members of the Society, are, the entire absence of odor in the matter discharged, and the kind of discharge mentioned as having taken place three times in the night—colorless, fluid, and without smell. In connection with this, I quote a similar instance, mentioned by Mr. South, in his edition of Chelius's Surgery. He says:

"I have also seen another case of aperture in the navel of a woman 25 years of age, from which there was a flow of colorless fluid, free from smell, in such quantity as to wet through a napkin once or twice a day. Whence this fluid came, I cannot determine; it could scarcely have been through an intestine. I once thought it might have been obtained from the bladder, by passing through an urachus; but it had not any urinary character. She had been subject to it for years, but her health was not at all affected, and she was only inconvenienced by it."—*Boston Med. and Surg. Journal.*

A FEW WORDS IN DEFENCE OF VERATRUM VIRIDE.—*By U. G. Mitchell Walker., M. D. of Cahawba, Alabama.*—In this short communication, I propose to make a few remarks upon the virtues of Veratrum Viride, in the treatment of inflammatory affections, particularly those involving the lungs and pleuræ; not that I believe, I can add anything new, to what is already known upon the subject, but only hope that these remarks may induce some one who is disposed to be skeptical and unwilling to use a *new remedy*, to make a fair and impartial trial of it. I have very little doubt that if such a one will judiciously use it, under favorable circumstances, that he will be convinced of its usefulness and well deserved merit.

Now, when inflammatory action is going on in the "capillary structure" of the lung, and high inflammatory fever prevails, with the symptoms consequent upon the inflammation, to relieve this excitement and bring about resolution, to restore a perfect physiological action without exhausting or carrying the patient through a severe depletory course, from which he takes weeks, and in some instances months, to recover, surely the physician achieves a great end when he can do it by milder means, and with greater safety to his patients. In veratrum viride, I believe, to a great extent, we have a remedy capable of accomplishing such an end. Though not ignoring the lancet, when properly used, or believing that veratrum viride has rendered it entirely useless, I believe veratrum to be a great adjuvant when we wish to keep up the sedative influence produced by the lancet.

Veratrum viride has probably done as much good in the treatment of *pneumonia*, and exerts as much control over this disease, under certain circumstances, as any drug in the Materia Medica; and without wishing in this article to speak of its general application, I shall confine my remarks to its use in the relief and cure of pneumonia.

Of late years, this disease seems to have undergone a modification, and does not demand the use of those active depleting evacuants once so much in vogue for its relief, and without which no judicious practitioner would consider his patient safe. But at the same time that it has lost, as it seems, the former severe inflammatory action, still vascular excitement is sufficiently high to call for a medication, of a depletive, or more strictly speaking, a sedative character. Inasmuch as the *pneumonia* seems to assume a type intermediate between a sthenic and an asthenic character, it does not demand the active depletion which true sthenic pneumonia calls for, and, on the other hand, it is not sufficiently asthenic to require a stimulant or active stimulating treatment, at least in its first stage. Now, for the management of this form of the disease, veratrum viride seems especially adapted. Whatever may be its precise modus operandi, and whether it exerts a change over the constitution of the blood, which favors a convalescence, yet remains to be proved. But it is evident that patients recover very rapidly, and without any of the unpleasant symptoms often noticed after active cathartics and blood-letting have been employed. At the same time that it exerts so powerful a controling influence over the excited action of the heart and vessels, and controls the excessive supply of blood sent to the inflamed part, by the sedative action of the remedy, we allay too, to a great degree, the exalted nervous action frequently noticed in many cases, without the use of opiates, which, under some circumstances, may be injurious. Again, at the same time too, that we see it exerts this happy tranquilizing and sedative effect upon the nervous and circulatory systems, it excites the secretions and favors the rapid convalescence by thus aiding expectoration and diaphoresis. And this happy effect upon the system can be attained without producing the *least unpleasant* symptom. Many, I believe, abstain from making use of the remedy, when their better judgment would dictate its use, from fear of the unpleasant effects its opponents urge against its use. To such, I think they *need have* not the *slightest ground* of fear, if it is properly and judiciously administered. A remedy possessing such decided power, common judgment at once says "use it cautiously," and when thus used, I repeat, no one need entertain fear of evil consequences from its administration. When, through the urgency of the case, we are obliged to make a free use of the medicine, and nausea and slight prostration supervene upon its application, it is immediately overcome by the administration of a few drops of laudanum, or essence of ginger, or brandy and water.

Some oppose its use by saying—owing to certain "abortivant effects" it possesses it cannot be given when pregnancy complicates the pneumonia, but these objections, so far as I have been able to ascertain, are entirely groundless, when excessive nausea and powerful emesis occur from a heroic administration of it, I dare say, owing to the *great disturbance* of the *whole economy*, miscarriage in some instances may have occurred; but would not the same result have followed an over-dose of tartar emetic, or any powerful emetic and depressor? Again: and coming from such high sources too, which makes me tremble, almost, to assail in the most delicate manner, lest I should be severely handled by them who have grown grey in the profession—some say, "yes, we admit you can control and bring down your rapid and bounding pulse from 130 to 140 beats per minute, to 75 or 80, or even as low as 45 or 50; but at the same time you control your pulse, you do not control your disease, and thus, by taking away the index you cannot tell what the true condition of the circulation is, and leave you in doubt relating to the true condition of the patient." Now, at first, this seems to partake of philosophy, but let us examine and see if theory, or what is better than all speculation, if actual experience will sustain it. Now, when we have this excessive action in the circulation going on, with this high bounding pulse, owing to the powerful action of the heart, we have an inflamed surface where this constant rush of blood is continually going on, keeping up the congestive and inflammatory state in the capillaries, and producing stasis when it is sufficiently long kept up, which results in destruction of the parts; now, when we bring to bear a force which exerts a sedative influence over the organ which acts as propeller, does it not seem rational to suppose that when we bring about this sedation, that a resolution of the inflammation is at all events likely to ensue when we withdraw the excessive action?—analogical reasoning would seem to draw such a deduction. But in addition to this, we have the testimony of experienced physicians, and those men too, practical in the extreme, who, with sound judgment, *never allow* beautiful theory, or anything partaking of the flight of fancy, to allure them away. Those who are practical in an eminent degree, give us their testimony to the effect, that when such a state of things exist, they have seen veratrum viride work wonders.

But lest I seem to laud too much the virtues of a valuable remedy, and weary my readers, I will desist, and close this article by recommending the mode and dose, from which the happiest effects result, unaccompanied with any unpleasant symptoms: Commence with four or five drops, or when you have reason to believe your patient easily affected, as low as two or three drops, with a little sweetened water; repeat this dose every hour with an increase of a drop at each dose, until the patient is brought under its influence.

By thus using it, we have perfect control of the medicine, and by the time we attain to ten or twelve drops, the patient usually becomes tolerant to the medicine, and we can keep him under the full effect, either by increasing or diminishing the dose, according to circumstances.—*Southern Medical and Surgical Journal.*

ADDITIONAL OBSERVATIONS UPON VERATRUM VIRIDE.—*By V. H. Taliaferro, M. D., Atlanta, Geo.*—Some time since I prepared an article for the Atlanta Medical and Surgical Journal, upon Veratrum Viride, which was published in the March No., 1857, since which time I have continued my observations with veratrum, being in the habit of almost daily prescribing it, and my conclusion most irresistably is, that it is a remedy of such important therapeutic properties, as to demand from the profession a fair and unprejudiced investigation.

The profession, however, as in this case, are too much accustomed, in the investigation of new remedies, to laud their virtues alone, and leave unnoticed the peculiar circumstances under which their administration would be improper. When the therapeutic application of remedies to disease are fully appreciated, we are enabled with comparatively little difficulty, to point out conditions contra-indicating their use; as in the case of opium, mercury, arsenic, antimony, quinine, etc., and in fact, all powerful remedial agents, which are well known to be frequently contra-indicated by circumstances connected with the diseases to which they are applicable. And thus it is with the remedy under consideration.

We are well satisfied that the diseases to which veratrum is particularly applicable, are those of an inflammatory character; and this peculiar applicability is plain, when we consider its influence upon the circulatory system, controlling excessive action of the heart and arteries, which is an invariable consequence of high grades of inflammatory action.

It is upon this principle, we contend, that veratrum often answers the purpose of the lancet in inflammatory affections. We have found it more effectual, prompt, and decided in the treatment of *pneumonia* than in any other disease, whether sthenic or asthenic in its character. Its sedative action upon the circulation, its relaxing and expectorant properties render it peculiarly adapted to the treatment of this disease. But, notwithstanding this peculiar applicability, and the great advantage to be derived from its use in the treatment of pneumonia, we have been led to the conclusion, that in certain stages of the disease, it should be used with much circumspection, viz: in hepatization of the lungs. If either lobe of the lungs become hepatized, the other, perchance, inflamed, the circulation of the blood *must*, of necessity, become much accelerated, as *must* also the inspiration of oxygen, to properly arterialize the circulating fluid, in consequence of the diminished amount of blood exposed to the action of atmospheric air at each inspiration. It must be evident, then, that if under these circumstances, we compel the heart to beat its accustomed number of pulsations, for any given time, the blood must become imperfectly oxygenized.

Upon these considerations, then, we are forced to the conclusion, that veratrum viride, in hepatization of the lungs, should be administered with much care and circumspection, attention being continually directed to the number of pulsations of the heart per minute during its use.

We would not wish to be understood as condemning entirely the use of veratrum viride, in hepatization of the lungs; on the other hand, we would advise it as important, but would recommend a more particular attention to its effects upon the circulation than is requisite under more favorable circumstances for its administration. That the heart may be made to pulsate too slowly for the proper arterialization of the blood is evident; if so then the above conclusion is natural and reasonable.

As the capacity for the reception of venous blood in the lungs is lessened, in the same proportion will the heart's action become accelerated, in order to supply the demand of the system for oxygen. If, then, this accelerated action is the effect of diminished capacity of the lungs, is it not plain that if it is injudiciously interfered with, without at the same time enlarging the lung capacity, that we deprive the blood of its natural supply of oxygen? Every one has noticed the rapid respiration of the female whose chest is tightly laced, and if the pulse be then examined, it will be found to be much accelerated, corresponding to the rapidity of respiration, and it is evident that it is the result of the lungs' diminished capacity. Suppose we administer to such an individual veratrum viride, until its specific action is obtained upon the circulation, is it not plain that unless we then relieve the lungs from their compression, that we very soon would have the system diffused with imperfectly arterialized blood and its sequences. So would follow the same result in hepatization of the lungs.

In typhoid fever the virtues of veratrum are not so fully and effectually displayed, but may be used advantageously as an adjuvant to other and more supporting treatment. We think much discrimination should be exercised in carrying it to the extent of nausea and great muscular relaxation, in this disease, from the fact that nervous tone and energy, under such circumstances, would be materially lessened, while one of the great indications to be fulfilled in the treatment, is the maintenance of nervous energy by giving, as far as possible, tone and strength to the whole system.

Our experience with veratrum has taught us that under ordinary circumstances, in the treatment of any disease, it is unnecessary to carry its effects to the extent of great muscular and nervous prostration; but more especially in typhoid fever, we believe discrimination should be exercised in producing its specific action upon the circulation, for fear of nausea and muscular relaxation.

We consider veratrum an important addition to our list of therapeutic agents, and doubt not that science and experience will ere long give it that exalted position which its intrinsic merits so justly demand; but we are forced to the conclusion that Dr. Norwood has materially lessened the interest the profession would have evinced in its investigation, by endeavoring to leave them under the impression that unless *his* preparation [*"Our Tinct."*] was purchased at an extravagant price, it must of necessity be spurious. Dr. N. has either become a monomaniac, or else allowed pecuniary considerations to have led him from the track of an honorable and scientific profession, by thus sacrificing all professional pride. It is of frequent occurrence for unpricipled empirics to lead astray the populace by their nefarious pretensions, but it is of somewhat rare occurrence for an M. D. to attempt the practice of empiricism and quackery upon the *medical profession* with the boldness with which Dr. N. proposes his infallibles for scald-head, convulsions, etc. Pity for Dr. Norwood that he had not forsaken his pen before publishing to the world that he was soon to bless the profession with a cure for scald-head, etc., besides endeavoring to lead them into the erroneous impression that they could not obtain pure an indigenous plant, growing over many States of the Union, unless submitted to his inspection, or its tincture, unless prepared under his supervision. *Atlanta Med. and Surg. Journal.*

REPORT OF CASES IN THE SAINT LOUIS HOSPITAL, UNDER THE CARE OF E. H. GREGORY, M. D.—*Dislocated Astragalus.*—Margaret Phillips, aged seventeen, a pale, thin, loose-fibred girl, fell down whilst at play; was conscious of having wrenched her foot severely, but was unable to give any satisfactory account of the nature of her fall. The dislocation of the suffering member prevented her from regaining her feet; she was therefore conveyed into the house, and on the following day a surgeon (Dr. Smith) saw her—readily understood the case, and at once and without difficulty re-placed the dislocated astragalus, elevated the foot on a pillow, directed cold water to the part, and enjoined rest. As there was little pain after the reduction, Dr. Smith's injunctious were disregarded, and an attempt made to walk, when the luxation was immediately reproduced.

On the following day, June 10th, she was admitted into the Hospital, with the following symptoms: The foot was completely inverted, the inner malleolus apparently buried on its inner side, the outer malleolus prominent, but neither were fractured; the foot was shortened, the heel elongated, and in front of the lower extremity of the fibula an osseous prominence, which was distintctly the head of the astragalus. Dr. Pope, whose attention was called to the case at the moment of admission, at once replaced the bone. The procedure consisted in flexing the leg, pressing upon the projecting bone, and making the foot describe the segment of a circle; the astragalus was thus directed upwards and inwards, and the foot brought into the proper line. A splint was applied as in fracture of the lower third of the fibula. The next morning we found the patient had displaced our appliance, and was again on foot, but with better success than in her former attempt; for there was no displacement, nor was there any complaint of uneasiness whatever. We thought proper, however, to remand her to bed, with the threat that the long splint of Mr. Lister should be next resorted to. As expostulation was again unheeded, we concluded to await the result; and in two weeks she left the hospital quite well, without being confined one hour during her stay.

Remarks.—The foregoing case was clearly one of simple partial dislocation of the astragalus, with one remarkable feature, viz: the absence of all inflammatory symptoms, notwithstanding the patient persisted in the use of the joint from the moment of its reduction.

Partial dislocation of the astragalus is not always of easy reduction. It is well known that the calcaneum has upon its upper face two articular surfaces, with a deep intervening groove running transversely, and that the astragalus has a hook-like process formed at the junction of its posterior and inferior surfaces. Now, when in forward dislocation (which is by far the most usual) this process is sufficiently advanced to lodge in the groove of the calcaneum, reduction becomes extremely difficult. Again, if the process is carried so far forward as to rest upon the anterior articular surface of the oscalcis, reduction is quite as difficult; for in our efforts to push the astragalus back the process stops in the groove, and is apt to remain firmly locked in spite of every effort. Cases of partial reduction may be thus accounted for. The case above reported was one in which the process rested on the articular face, posterior to the groove; hence the ease of its reduction.

Complete simple dislocation of the astragalus is an exceedingly rare accident. The ancients seem to have been unacquainted with it: and some modern surgeons of repute have even been disposed to doubt its occurrence. The size, form, spongy texture, and ligamento-osseous relations of this bone would suggest the idea of crushing as the effect of indirect violence rather than dislocation or simple fracture; whilst direct violence could scarcely fail to complicate with extensive injury of the neighboring parts. Sir Astley Cooper speaks of it as a rare accident, and of the difficulty and almost impossibility of reduction. Dupuytren met with several instances, some of which he partially reduced; but in most of the cases he extirpated the bone. Desault mentions one case in which, after ineffectual attempts at reduction, he cut down upon the bone, divided its ligamentous connections, and thus, after much trouble, succeeded; the patient, after more than a year, recovering, with stiff joint, having lost portions of bone by necrosis. B. Phillips reports two cases of dislocation backwards, the bone forming a prominence under the tendo achilles; as attempts at reduction had been previously made, he declined to meddle further, and very little inconvenience resulted from the position of the bone.—*St. Louis Med. and Surg. Journal.*

Chlorate of Potash Injections in Leucorrhœa and Ulceration of the Os Uteri.—*By Bedford Brown, M. D. of Caswell county, North Carolina.*—Knowing the peculiar and happy curative influence exerted by chlorate of potash in external ulcerations attended with vitiated discharges, and having been so often disappointed by the usual modes of treating such cases, the great difficulty of which all medical men acknowledge, I determined to experiment with injections of a solution of that salt in ulceration of the os uteri and cervical canal attended with leucorrhœa.

The discovery of some simple and efficient means as a substitute for the uncertain astringent injections in common use, and the tedious and often unsuccessful caustic and speculum, would relieve the physician of an extremely disagreeable duty, and the patient of an almost intolerable necessity.

In those cases of leucorrhœa attended with ulceration of the os uteri or cervical canal, and enlargement of the muciparous glands of the vagina, or simple ulceration without leucorrhœa, I believe the injections of the chlorate far more certain and efficient than the ordinary astringent injections, or the local application of caustic. In these cases I have not thought proper to give detailed reports of their symptoms and progress.

Case I.—A colored woman, aged 30 years, who had never borne children, and had, from early life, complained of symptoms of uterine disease. At the time she came under my charge, she had profuse leucorrhœa. On examination with the speculum, the entire vaginal canal was seen highly inflamed—the os uteri very tumid, with numerous large ulcers. This woman used, by injection, a solution of the chlorate, in the proportion of ʒ j of the salt, disolved in ℥ viij of rain water. As much of this as an ordinary female syringe contains was used twice daily. Under the influence the ulceration and inflammation, with the attendant leucorrhœa, diminished rapidly, and in two weeks all indications of disease had disappeared. In this case, the locality of the disease was confined to the vagina and the os uteri.

Case II.—To digress from the subject, I would report the present case as illustrating the equal powers of the chlorate of potash in gonorrhœa of the female. This patient, an unmarried female, had suffered from gonorrhœal disease until the vaginal inflammation had become excessive with very copious, purulent, and exhausting discharges, accompanied by so much tenderness and pain as entirely to preclude the use of the speculum. The difficulty and pain of urination were such as to compel me to use the catheter frequently. The same treatment as in the previous case was adopted, and with equal success. In fact, this patient (servant) who had been perfectly disabled, in ten days after using the chlorate injections, was attending to her ordinary duties.

I strongly conjecture that gonorrhœa of the male would be equally amenable to the same treatment; and, as soon as the first opportunity presents, I design testing it. If so, a new era will be introduced in the management of that intractable disease.

Case III.—This was an example of leucorrhœa originating from ulceration of the os uteri and inflammation of the cervical canal. The woman was married, and had been confined prematurely three months previous. She used the chlorate of potash injections, and remained in the recumbent position for some hours after each injection. She found equal benefit from the remedy, and is now attending to her customary duties, without any of her former symptoms.

Cases IV. and V.—In these cases there was ulceration of the os uteri and cervix, with very slight leucorrhœa, though suffering from the ordinary annoying symptoms of uterine affection. In both cases, the chlorate in solution healed the ulcerations in between two and three weeks, with signal relief to the patient.

To sum up briefly, those conditions to which the chlorate of potash injections are applicable, I would say those cases are appropriate wherein ulceration and inflammation are confined to the os uteri and cerivcal canal and vagina; either with or without leucorrhœa.—*Southern Med. and Surg. Journal.*

ON THE TREATMENT OF CHRONIC ECZEMA IN CHILDREN.—*By Dr. Behrend.*—Dr. Behrend states that he has many cases of more or less obstinately chronic eczema brought to his polyklink. In some of these it is found on the head and face, in others on the extremities, or on the genitals, but in very few on the trunk. The ages of the children have varied from seven months to seven years, while in a few cases even the period of puberty has been passed. These eruptions are very troublesome to both patient and practitioner, becoming obstinate and relapsing in proportion to the length of time that they have existed. A so-called crusta lactea, or an eczema of the scalp, occurring in a child of from eight to twelve months old, is easier of cure than is an eczema in a child of two years old, that itself originally was also only a milk-scall. It is a well known fact that a secretion, originally pathological, may in time become a physiological one, or that which was originally a diseased condition may become necessary for the preservation of health. Hence arose the fears of metastasis in the minds of the older writers, when called upon to treat affections attended with considerable secretion, that had long continued. They were true observers, and their care upon this point was not without grounds; and Dr. Behrend cannot agree with those that think that all mere local affections of the skin, of however long duration they may be, may be suddenly dispersed, when this is possible, with impunity. Even crusta lactea has usually arisen from a too rich and stimulating diet, and requires general as well as local treatment, and a due regulation of the diet. When the affection becomes rooted into a locality, the skin there acquires secretory functions which are not so easily arrested. If we suppress chronic eczema by mere local treatment in one spot, it will break out in another, and so on. Local means are, however, of the greatest importance, and without them, by the aid of internal means alone, we shall seldom, if ever, be able to remove old eczematous or impetiginous eruptions. Such general means, partly acting by their derivative power, and partly by the specific effects they exert on the blood, must not be neglected. The local indications are the following:

1. The separation of the scabs or crusts. This may be best accomplished by poultices and fomentations, the former being very applicable when the eczematous spots are limited, and are not situated on the head, face, or neck, where cataplasms should not be applied. It is a good plan to previously moisten the places where the poultices are to be applied with a solution of carb. sodæ (ʒii. ad ʒviii.) When large surfaces are covered with eczematous scabs, a water dressing is much to be preferred. Thin towels or pieces of linen are soaked in a solution of subcarb. potash (ʒi. ad ℥vi. or ℥viii.), and then carefully applied around the whole eczematous part. Over these dry cloths or towels are laid, and the whole covered over with oiled silk and a bandage. This dressing is renewed every two or three

hours, care being taken that the outer envelopes covering the wet ones be kept constantly dry. In a few days the scabs will all have separated. Pure water will not effect the separation like the solutions of potass or soda. The soda is somewhat milder than the potass, and in sensitive subjects, having an irritable skin, should be first tried. If the scabs are placed on the face, neck, or head, the application is not suitable, as the exclusion of the external air, which is essential to its success, cannot be so well accomplished as on the limbs. For these parts, the author therefore uses cod-liver-oil-soap liniment, made by the simple mixture of carb. pot. or carb. sod. with cod-liver oil, (ʒi. ad ℥i.), and with this the crusts are pencilled over night and morning, having been previously moistened with the solution of soda or potass already mentioned. After pencilling the parts with the liniment in the evening, they are covered with a silk cap, cravat, etc., to protect the bed-clothes. This is removed next morning, the parts are carefully moistened with the alkaline solution by means of a sponge or towel, and all the loose crusts are carefully removed. The liniment and the silk covering are then again applied, and so on again in the evening. This separation of the scabs is of great importance for the cure; for they are the chief cause of the constant itching and scratching, which excite new inflammation and secretion, and renewed formation of scabs. The scabs also prevent applications being made to the diseased surfaces. By their removal much has been already obtained, and we have then only to keep the inflamed surface constantly clean. For this purpose cataplasms are no longer required, but the application of the alkaline washes and the liniments must be continued. Usually after a week or a fortnight's, or sometimes only after two or three weeks' employment of this procedure, we have, in place of the scabby, itching parts, smooth, red, inflamed surfaces, which no longer itch, and are scarcely painful, but which, if left to themselves, would again produce secretion and scabs.

2. The second indication is, therefore, the removal of the inflammatory condition of the skin. One of the best means to this end is the application of a solution of ʒj. of acetate of zinc, and the same of acetate of lead in ℥viii. of distilled water, adding to this at the time of using it an equal quantity of strong chamomile infusion. To the extremities this is applied as the water dressing already named, while, when the eczema occurs on the face, etc., either portions of rag wetted with it are applied, or the parts are moistened with it several times in the day and night. In this way the inflammation may almost always be relieved. The chief dif-

ficulty is found in old obstinate cases of eczema, when a knotty condition of the cutis is found to be present, which gives to the finger passed over the surface the idea of numerous small tubercles. The knots are formed by the loosening of the texture of the cutis, and minute exudations produced by the inflammation. Each little knot requires to be touched with the nitrate of silver, which is a very tedious process, but they are usually speedily removed. If these knots are overlooked the eczema will certainly return.

3. The third indication is the restoration of its normal activity to the skin, after having relieved or moderated the inflammation, as indicated by its increasing whiteness and dryness. How this is to be effected will depend upon circumstances, such as the constitution of the patient or the presence of complications and predispositions, which will determine whether derivatives, exutories, or alteratives should be employed, or whether, as in the scrofulous diathesis, iodine or cod-liver oil should be had recourse to. The diet should for the most part be bland, all stimulating and luxurious food and drinks being forbidden. Meat should be sparingly employed, and various unwholesome of articles diet, such as cheese fish, etc., should not be allowed. Free exercise in the open country air, and a residence at the sea-side are especially useful. These means are further aided by applications to the skin possessed of a strengthening or tonifying effect, such as, especially alum, sulphate of zinc, sulphate of iron, the oleum cadinum, oleum Rusci, etc. If the eczematous child is at the breast, it should be weaned, or at all events its nurse should be changed, or her system regulated by appropriate diet and aperients.

The practitioner must not endeavor to obtain any hasty cure, weeks and months being required where large surfaces have become accustomed to abnormal secretions. The cure should be gradual, or bit-by-bit.—*Journal für Kinderkrank.* Band xxvii. p. 323.

CREASOTE IN DYSENTERY.—*By J. W. Brown, M. D., of Leake's Store, Arkansas.—Dr. Bowling*: Having cause to visit this section of country, also a few of the parishes in North Louisiana, I find dysentery to be the principal disease with which the physician has to contend; in some particular localities the mortality is truly frightful, the disease defying the most skillful treatment, in other places being more manageable. It is not my object at this time to write an article on the nature, causes and treatment of this terrific malady, but to call the attention of your readers to the practice of Drs. McMath and Weilder, of Louisville, Ark., who have been signally successful in the treatment of flux with creasote.

Creasote has been highly extolled by some in the management of diarrhea, but I do not think it has been extensively employed in the treatment of flux, at least I received my information from these gentlemen, who have experimented largely with it. They tell me they have treated as many as 300 cases, and in all proving perfectly satisfactory. Patients put upon the most approved plan of treatment have had the disease in its most aggravated form, notwithstanding the active measures taken to arrest it, while others residing under the same roof, but taking creasote, have had a slight attack, and are well in a short time; again, the treatment has been varied with other popular methods of treatment, but invariably when creasote was given a marked improvement could be seen, provided the remedy was not withheld too long.

The following is the formula used by these gentlemen:

R.—Creasotum . .	gtt. x.
Acetic acid, . .	" xx.
Morphia sulph. .	gr. ii.
Water, distilled,	℥ i*

The success of these gentlemen has been so flattering, I am induced to ask physicians every where to test the matter for themselves; if it proves as valuable in their hands as in the above practitioners', it will be an invaluable therapeutical measure, amounting nearly if not entirely to a specific in dysentery. Dr. McMath is preparing an article at this time on the subject, which will probably appear in the Augusta Medical Journal. *Nashville Journal of Medicine and Surgery.*

SALT NOT A NECESSARY OF LIFE.—That salt performs an important office in sanguification, and is regarded by physiologists as a necessary article in our dietary, is well known. It is therefore in use among all nations, from the savage to the most civilized and enlightened people. There are, however, a few members of the whole human race to whom the use of the table salt is unknown, among whom may be named the inhabitants of Mauritius and the Patagonian Pampas of America (Faerichs). I have, says M. Gatton, recently learned of another tribe who never eat salt. It is the Damaras of tropical South Africa. In their country there is no salt. In Europe it is universally believed that salt is indispensable to life, but M. Gatton in the country of Damaras saw this proven to be a fallacy. He made a journey with eleven other men on horse-back, of six weeks duration, with only a pill box full of salt. The whole of them used no more than this. They eat nothing but flesh and drank coffee alone. There can be no doubt that people who live on flesh and milk need much less salt than those whose sole nourishment is derived from the vegetable kingdom. The half of the people of Damara eat nothing but pig-nuts, the most meagre and indigestible of nourishment, and which must be taken in very large quantities to afford subsistence enough. The Hottentots of Wallfish Bay, who live almost entirely on squashes, with the sea on one side, and salt springs on the other, take no pains to collect salt for use, which they certainly would do if they experienced the same need of it as the Europeans. Wild animals in Swakop, according to Gatton, do not frequent salt licks like they do in America. He visited these places, and although the tracks of wild beasts were abundant, they were a month old, and indicated that they were passing without coming near enough the salt rocks to lick them. He mentions tribes also that not only eat their food without salt, but actually loathe it.—*Allge. Med. Cent. Zeitung.*—*Nashville Journal.*

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*Dr. Brown does not say in what quantity and at what interval this preparation is given. However, about a teaspoonful every three or four hours would be safe for adults, while much smaller doses in gum arabic mucilage would be for children. It occurs to us that this is a most excellent remedial measure in Dysentery.

THE PLANTAGO MAJOR IN SPIDER BITE *By D. W. Maull, Georgetown, Del.*—The Plantago Major, commonly disignated Yard Plantain, so far as our researches extend, has never laid much claim in the books to the properties that we are about to ascribe to it. It is true that mention is made of it in this connection in some of the old journals, but its claims to the title of Alexipharmic, probably, were not sufficiently urged, or there were not enough cases advanced upon which to base its reputation. This plant is described as being refrigerant, diuretic, and deobstruent in its nature, but no reference is made to its possession of properties more valuable than any or all of these, in its power to counteract the effects arising from the bite inflicted by the venomous spider. With many of the profession and *laity* of this country—a locality where the plant and spider are both very common—the herb has attained to not a little repute in consequence of these virtues; and, indeed, deservedly, we opine, for from our own observation and that of others, we are led to regard it almost in the light of a specific, if such a term is admissible. My father has had frequent opportunities of testing its efficaciousness in this respect, and it is upon these cases coming under our notice, that we chiefly base our remarks and our confidence in its powers.

As to the *habitat* of this spider, it is found in cellars, along old fences, in lofts, and in dark and damp places generally. It is black, with a red spot upon its back. The wound inflicted by it partakes more of the characteristics of a bite than of a sting. With regard to the results of the admission of this septic poison into the system, it may be stated that the bite is quite dangerous in its consequences, and is regarded by some as virulent as that produced by the rattlesnake. We have seen one case where partial paralysis ensued upon it. The symptoms became somewhat alarming. If it is one of the extremities wounded, the limb soon becomes nearly rigid; swelling is not a prominent feature; the pain extends along the limb and becomes excruciatingly severe; the peculiar poison soon diffuses itself; the soon intimately sympathizes with the primary local disorder, as evidenced by the gastric irritability, and, if the poison is not counteracted, fatal results are apt to follow. With such alarming manifestations as these, it is very fortunate, we conceive, that we almost always have a remedy at hand to counteract its virulence.

This perennial plant—the plantago—is too familiar to all to require description; it is quite general in its growth, and consequently is easily obtained. The mode of preparing and administering, is to express the juice from the fresh leaves, and give three or four fluid-ounces at a time. Cold water, with the view of facilitating the expression, may be poured over the leaves after they are bruised. This expressed juice may be given with every assurance of almost immediate relief. The intense pain consequent upon the bite soon ceases; the limb loses the rigidity, and assumes its natural use and motion. The irritability of the stomach is allayed, and all the parts soon acquire their normal appearance and functions. We may here embrace the opportunity to say that the toad, it is affirmed, in its combat with the spider, has been observed to resort to this plant every time a bite has been inflicted.

The *modus medendi* of this potent medicine we shall not attempt to explain. No appreciable change is experienced in any of the evacuations. Under its employment, sleep is sometimes induced, but this owing rather to the sudden freedom from pain which the patient begins to enjoy, than to any soporific tendencies inherent in the plant.

These observations have for their basis facts and cases sufficient to force upon the mind convictions as to the potency of this indigenous article in the relief of the spider bite. No hypotheses are indulged in, and no reasoning from analogies brought forward in supportof a statement founded upon facts, and dependent upon no adventitious doctrines for its maintenance. This remedy unquestionably possesses merits sufficient to recommend it to the favorable consideration of the profession.—*Med. and Surg. Reporter.*

THE SIMPLEST OPERATION FOR PHIMOSIS.—*Letter from F. Jordan, Esq., in British Med. Journal.*—Sir: I am pleased to find the impression becoming every day more prevalent that the old, unsightly, unnecessary, and formidable slit of both the integument and lining of the entire prepuce in phimotic contraction is no longer a justifiable proceeding.

Dr. Walter, an American surgeon, has described "a new operation for phimosis," in the Journal for June 6th, which is based upon a principle analogous to the one which led me to communicate a paper, with the above title, to the *Medical Times and Gazette*, Feb. 2d, 1856. As I cannot but deem that operation (which requires only a pair of probe-pointed scissors, and no assistant) superior, in all respects, to the one advocated by Mr. Walter, I shall, with your permission, take the present opportunity of describing it with the greatest possible brevity.

Local anæsthesia having been first induced (if deemed advisable) by the application of pounded ice for a minute or two, I introduce one blade of a pair of scissors (blunt-pointed, yet cutting to the end) between the glans and prepuce on one side of the penis, at a point midway between the mesial line anteriorly and the frænum posteriorly. Both layers of the prepuce being divided to the extent of a quarter of an inch, a similar division is made at a similar point on the other side. The prepuce is now retraced to the extent allowed by the incisions. This retraction brings into view another layer of mucous lining, which is divided on both sides to the extent permitted by the lips of the first wounds. The entire prepuce may now be retracted, (and kept so,) a piece of wet lint wrapped round the penis, and the whole supported by a suspensory bandage. In a few days the wounds heal in a transverse linear cicatrix,—*no sutures having been used*,—leaving no trace of deformity, and a completely efficient prepuce.

DETECTION OF STRYCHNINE—Dr. Schroeder, of Manheim, publishes the following case in Dingle's *Polytechisches Journal:*

A person committed suicide by taking one-half ounce of powdered nux vomica. The patient soon received an emetic of 15 grains of sulphate of zinc. The vomita and about a quart of urine were officially given to Dr. S. for examination. He proceeded after the method of Stas and Otto, which is as follows: The suspected material is rendered alkaline by carbonate of ammonia, to set the alkaloid free and render it soluble in ether; t is then repeatedly shaken with ether, which after clearing is poured off and collected. The ether which already contains the impure alkaloid is then treated with some water and sulphuric acid, and repeatedly shaken. The sulphate of strychnine thus formed is contained in the acidulated water, it being insoluble in ether. The ether is then poured off, and the remaining solution washed several times with ether, which takes up all remaining substances, leaving the sulphate of strychnine almost pure in the aicdulated water. This is then treated with carbonate of soda until alkaline reaction ensues, by which the alkaloid is again set free and made soluble in ether; then the solution is repeatedly washed with pure ether, decanted, the ether collected in a glass dish, and left to spontaneous evaporation. Finally evaporation is completed over the water-bath, or in a moderately warm place, if volatile alkaloids are looked for.

In Dr. S.'s case the strychnine, with the brucin it contained, was obtained almost perfectly pure in the form of a solid nearly white residuum on the glass dish. From the vomita a considerable quantity was obtained; from the urine just enough to cloud over the glass. It was, however, sufficient to show the reaction of strychnine very distinct at every point of the dish, that had been covered by the evaporating ether. Dr. S. communicates this case as interesting *because it proves the passage* of strychnine into the urine and because the method described is the most direct. In cases, however, where the suspected, food, etc., is mixed with a large quantity of fat or other substances readily soluble in ether, the materials to be tested should first be treated with alcohol as prescribed by STAS and OTTO *Medical and Surgical Reporter.*

COLD APPLICATIONS IN PNEUMONIA AND PLEURISY.—Prof. Niemeyer, in his contributions to clinical medicine, expresses his opinion, based upon numerous observations, that in pneumonia and pleurisy cold applications (around the chest and back) are not only unaccompanied by danger, but as efficient here as in inflammation of external organs. They produce great relief, and the patients, even children, ask for their renewal when they have become warm. Dr. N. saw under this treatment the exudation cease earlier, the fever extinguished sooner, and the patients often returned to their work on the 7th or 8th day, while he never observed metastases or the consequences of cold from this treatment. In the latter stages of these diseases Dr. N. gives preparations of iron with great success, on the theory adopted by distinguished pathologists that the blood-corpuscles are materially diminished in these diseases. (I have seen very good effects from the tinct. ferri muriat. in capillary bronchitis and pneumonia accompanying measles.—TRANS.) *Medic. Neuigk.* [*Med. and Surg. Reporter.*

HEIGHT OF THE PLEURA ABOVE THE CLAVICLE.—Before the New York Academy of Medicine, Dr. Isaacs, Demonstrator of Anatomy in the University of New York, stated that in fourteen subjects out of one hundred, the *pleura* rose two inches and upwards above the superior margin of the clavicle. He even suggests the possibility, that death attributed to the entrance of air into a vein in operations low down in the neck, may have been caused by the surgeon having opened the pleural cavity.

We have, since writing the above notice, received this excellent paper in pamphlet form from the author, for which he will accept our thanks.—*Nashville Journal.*

TREATMENT OF OVARIAN CYSTS.—From a treatise of Dr. Boinet on this subject (Gaz. Hebdomad. de Paris, 1857) we take the following conclusions: 1. Puncturing the cyst once or oftener, followed by injections of iodine, has never produced dangerous symptoms. 2. The injections have frequently (in two-thirds of the cases thus treated) induced a radical cure, and always considerable amelioration, where cure was impossible on account of organic degeneration. 3. Simple cysts, even if of large bulk, are easily brought to cure; a single puncture and injection are often sufficient to remove the disease. 4. Injections into the same cyst can be repeated without any ill consequences. 5. The injection should be made as early as possible, and be repeated after each reproduction of the effusion. 6. Only in exceptional cases, when frequent injections and punctures have led to no result, should the sound be kept permanently in the wound.—*Med. and Surg. Reporter.*

EXTRA-UTERINE PREGNANCY—GASTROTOMY PERFORMED BY MEANS OF CAUSTIC.—*Messrs. Editors,*—I have translated the following report by M. Martin, thinking it may be of interest to your readers.

S. L. A.

The subject of this case was a woman, aged 36, who, at the end of the second month of pregnancy, suffered in a most decided form all the symptoms of an intense peritonitis. When she recovered from this attack, it was perceived that her abdomen was decidedly deformed, and presented on the left side a tumor very appreciable to the touch. From this time menstruation was re-established in a regular manner. Having reached the full term of gestation, pains came on, but vague and irregular in their character, and it was noticed that they were not seated in the uterus itself; further, by examination of the abdomen with the hand, it was evident that there existed an extra-uterine pregnancy, as the head, the sutures and the fontanelles could be distinctly made out. Was the child alive? It was impossible to ascertain this, for neither the beating of the fœtal heart nor motion could be discovered, although the mother affirmed that she had felt the motion the day before. The fear of rupturing the cyst, which might cause the death of the mother, and the impossibility of acting through the rectum or vagina, decided M. Martin to advise gastrotomy, not by means of a cutting instrument, but by repeated applications of caustic potash and *pâte de canquion,* for the purpose of producing adhesions and avoiding any opening into the abdominal cavity.

This plan, which had been previously tried by two of his friends, was put into execution. Five applications of the caustic were made before the destruction of the cyst was accomplished; and a fortnight after the first application it was possible to attempt and accomplish, with the most fortunate success for the mother, the extraction of a dead, but fully-developed fœtus.

Three weeks after the operation, the patient was able to rise and walk about in the garden. At the present moment the patient is doing well; the cyst is not completely closed, but is daily progressing towards a complete cure.—*Gazette Médicale de Paris,* July 18th, 1857, from *Gazette Méd. de Lyon.*

A similar case is reported in the *Gazette des Hôpitaux,* No. 46, 1855. In that case the fœtus was carried to the full period, and during the following month, cauterization with the actual cautery in the left iliac region, over the head of the fœtus, was performed six times. Adhesion having taken place, at the end of that time, the remaining tissues were divided by a bistoury, the cavity of the amnios was opened, the head perforated and the infant removed. The membranes and placenta were left behind. The patient recovered.—*Communicated for the Boston Medical and Surgical Journal.*

ON THE USE OF ACONITE AS A THERAPEUTIC AGENT. *By Edward B. Stevens, M. D., Cincinnati.*—I wish to give the readers of this Journal my experience with the use of *aconite* as a remedy; especially as I find, in conversation with my medical friends, that very many of them do not avail themselves of an agent, that, with me, has proved very efficient and satisfactory.

The aconitum napellus (monkshood—wolfsbane) is represented by writers, with great uniformity, to rank among our most active poisons; thus, in the article on aconite, in Wharton & Stille's Medical Jurisprudence: "The leaves and root of the aconitum napellus contain one of the most extraordinary and speedy poisons known; and fatal mistakes are recorded from small portions of the leaves or root having been eaten by mistake. Writers also describe the root, seeds, and leaves of the plant as possessing "a hot, acrid taste, giving rise to a burning sensation in the fauces, numbness and tingling in the limbs, swelling and pain in the abdomen, vomiting and purging, accompanied by giddiness, delirium, dimness of sight, and other symptoms indicative of cerebral affection;" and even when simply applied to the cutaneous surface, it is said to produce at first a feeling of heat, which is followed by prickling or tingling sensations, with numbness.

Although I have directed the use of aconite with comparative frequency, I have not in any case observed such strongly marked manifestations of its therapeutic effect as those which are thus attributed to it; and I am satisfied that, administered *medicinally*, these are exaggerated descriptions of its effects.

Another quality attributed to aconite is, that while consciousness may be in no degree impaired, both general and special sensibility will be greatly diminished. Thus, Pereira relates, that under the influence of a full dose, a dog would wag his tail when noticed by his master, and endeavor to follow him around the room, though quite insensible to pinching, or the pricking of a needle.

With such very positive effects upon the nervous system, we should naturally expect this remedy would find a prominent place in the treatment of a large class of neuralgic affections, and diseases of kindred character. It is, however, somewhat singular, that Baron Storck, who first brought aconite into special notice as a remedy, about one hundred years since, more particularly recommended it in scrofula, dropsy, phthisis, and cancer; and having enjoyed a brief but of course fictitious reputation, for the cure of these formidable diseases, it passed for a time almost entirely out of notice again.

I have found good results from the use of aconite, in almost the entire range of neuralgic affections, and in those obscure complications of rheumatism and neuralgia in which there is freedom from local or constitutional trouble, independent of the nervous derangement; but more particularly in such cases as are usually styled pure neuralgia, I have frequently had results almost as prompt and satisfactory as were recently attributed to valerianate of ammonia.

Something more than a year ago, a lady called upon me for advice, for a severe neuralgia of the face and head. From the history of the case, I supposed it to be a result of previous attacks of miasmatic disease, and accordingly prescribed quinine, which relieved her temporarily, but every few weeks she would have a relapse, and for several days at a time suffer excruciatingly. In addition to the quinine, quite a variety of customary treatment was resorted to, until in November I directed the following prescription, after she had suffered a week, and had tried without avail all the remedies that hitherto had given temporary relief:

℞. Tinct. Aconite *Root*, ʒi.,
Tinct. Cimicifuga, ℥ij.

Sig.—To take a teaspoonful every 4 hours.

My patient took three doses, when she was promptly and entirely relieved; and, what is better, she has scarcely felt a neuralgic twinge since, now about ten months.

In another case, a friend had for a long time suffered a peculiar form of neuralgia, or neuralgic rheumatism in the arm, which seemed to yield to no remedy, even temporarily. I suggested the aconite. The result was equally prompt with that of the case I have just given. I might multiply these satisfactory examples to considerable extent.

The formula given above is the one I most frequently use in administering the aconite to adults. It will be observed that, given in that way, each dose would be equivalent to about 4 drops of the tincture (except that tinct. aconite gives something more than 60 drops to the drachm); and in that dose I have never seen any effects sufficiently marked or violent to occasion alarm. It will also be observed, that the tinct. of the *root* is directed. The U. S. Dispensatory recognizes two official tinctures: of the *leaves* and of the *root*. I prefer the tinct. of the root, as of greater efficiency, and more reliable as to uniformity of effect. The tinct. cimicifuga is intended chiefly as a vehicle, but selected with the view to its contributing to the special effect of the aconite.

I have not tried the aconite in acute rheumatism, but in the chronic rheumatic pains, particularly such as aged people complain of, I have seen very excellent effects. Neither have I used it much locally, though with many, even those who do not use it internally, it is a favorite topical application.

There is a form of neuralgia, associated with uterine derangement, which I have frequently met with, coming up sometimes in connection with the catamenial period, or immediately subsequent to it, in which there is pain through the hips, sacrum, and uterine region. Sometimes I have seen this group of symptoms succeed abortion. I remember a case of this kind, where the local distress I have just alluded to remained very troublesome for several weeks, while much of the time there was almost uninterrupted sleeplessness, despite the free use of opiates. The tinct. aconite root, given through the afternoon and evening, relieved the neuralgic pain, and secured a sweet and refreshing sleep through the night.

I have no explanation to give of the *manner* in which aconite acts therapeutically. I offer the suggestion, however, that its action is directly upon the nervous tissue itself. If this be correct, we should find in some sort a key to the irregular action of remedies in neuralgic affections, and some explanation of the fact, that a remedy gives prompt relief in one group of neuralgic cases, while it is apparently void of all effect in a group apparently similar.

These suggestions as to the use of aconite are not given as by any means original, but simply as confirmatory of old known, but not *practically* known truths. The query is naturally suggested, are there not many other active agents sleeping on our shelves, which, if called into service, would materially contribute to the comfort of our patients, and to our own self-satisfaction. Will not, for example, some patient investigator demonstrate that the gungha, or cannabis indica, is a valuable agent, administered *medicinally*, for something more admirable than the unearthly intoxication which is its peculiar manifestation.—*Cincinnati Medical Observer.*

ON THE USE OF ANTIMONII ET POTASSÆ TARTARIZATUM IN HYPERÆMIC HYSTERIA.—Of all the vagaries of abnormal functions, there are none exceeding hysteria in multitude of forms or perplexity of treatment under some circumstances which present themselves to the physician. What a perfect wind-mill a practitioner of Homœopathy must make of himself in trying to follow up an acute attack with "similia," etc. ! Here should be given a "pillett" of cannabis, because its intoxication occasionally produces jovial mania: in another breath opium, because its inebriation is of a more sedate kind.

But before it could be swallowed, Nux is demanded, because it sometimes develops the "sardonic grin." Now hurry up the dose of Belladonna for the pupils are dilated; then hurry down Aconita as a "similia" for myosis. Hydrocyanic Acid is demanded to counterfeit the opisthotonos, and a punch in the sole of the foot with a rusty nail would do to drive out the "bogus" trismus.

In many instances it would be as easy to induce the patient to submit to the latter operation as to swallow anything which appeared like medicine.

The form of hysteria to which we would give our present attention, most usually occurs in sanguino-nervous or nervo-bilious temperaments, in early life, with good assimilative organs and costive habit. The development of this class of individuals being of high order, with cerebro-spinal organism strongly preponderating; it is not unusual for excessive psychical, or physical application to stimulate erethetic phenomena. The influence of venesection, which would often seem to be indicated by the clonic spasm, suffused countenance, quick and often full or perhaps momentarily tense pulse; is often contra-indicated by the knowledge of the general condition of the patient, in whom a few hours may suffice without evacuation, to banish every adnormal sign.

Powerful narcotics, anti-spasmodics and anodynes may be poured into the stomach with profusion, if the patient will deign to swallow them—to very little purpose.

Every medical reader has either witnessed the protean signs of this malady; or may study it in text-books where elaborate description is more appropriate than in the pages of a "monthly."

The pathological condition is far different from that pertaining in anæmic persons, of irritable nervous temperaments; in which class, narcotics and anodynes are more clearly indicated. We believe that scarcely another article of the materia medica possesses so many of the properties required, and goes so little beyond the indications, as *Antimonii et Potassæ Tartarizatum,*" and we know of none of efficiency that is so easily administered to a refractory or jealous patient. In no disease is a sedative more indicated, and few articles control circulation with more uniformity.

Its diuretic influence is a most beautiful imitation of nature's own method of terminating the paroxysms. Elevation of the temperature of the room, or increased clothing render it charmingly diaphoretic: and its persistent use developes alternative action. Emesis and its concomitant condition, when produced by it, depurates the chylopoietic, and their assistant viscera, whose derangements are occasionally remote causes of the attacks. The impressions which any sensible dose produces, are "*a dominant idea*" not easily shaken off. Administered with small amounts of fluid, reliable quantities will be tolerated by most stomachs, which we have found less sensitive usually than in health, and "tolerance" is augmented by small doses of opium and its preparations.

A few cases may illustrate its influence and advantages more clearly than lengthy arguments.

Case I.—A woman aged twenty years, who had been married three years and had borne one child; of sanguino-nervous temperament, generally healthy, and complaining of no uterine derangement, commenced having hysterical convulsions, which lasted about thirty-six hours. The muscular contractions were violent, and attended by the usual amount of abnormal mental phenomena. When this subsided, an interval of six weeks occurred which was broken up by a still more furious attack, which was said to have been excited by a slight domestic disturbance.

Four weeks brought a third paroxysm, which had continued sixteen hours when the writer was called. The excitement was intense throughout; arteries throbbing visibly in every exposed position; senses sharpened by the acuteness of phrenzied organs; violent muscular contortions, sometimes controlled by abnormal volition, and anon, overpowering volition and sensation; now berating her husband and other attendants in a most insane manner, and then weeping over her sorrows, or the want of sympathy, or laughing immoderately at a ludicrous imagination. If medicine or drink, which did not just suit the conception of the moment, were offered, her teeth were shut upon the offending spoon or vessel, so as to crush the implement, or damage the teeth. Crockery was dainty chewing for her.

This was before the halcyon days of chloroform and stratagem, our chief recource. Her wildest rage found vent, on our trying to examine pulse, tongue or any other suggestive sign, and as soon as our business was suspected, she was intent upon thwarting every move we directed.

Pretending to take a final leave, we dealt about eight grains of Ant. et Potass. Tart., and getting it dissolved in three gills of cold water, got an attendant to treat her to it, as if just from the well. She drank a little more than half of the solution, and immediately resumed her muscular agitation in which opisthotonos was continued for about fifteen minutes. When this had subsided, a few notes of tolerable singing and then a regular "blowing up" of the attendant who wished her to "swill down" more water, were followed by a few moments quietness, as if meditating upon the state of affairs. Suddenly she exclaimed: "Oh dear, how sick!" She was willing now that the attendants should arrange the bed for her comfort, and in ten or fifteen minutes was asleep. The sleep lasted but ten minutes, but she waked rational; complained of nausea and soon slept again.

No other remedy was given. No vomiting ensued, but catharsis and diuresis were free for several hours. Six months after, there had been no return of the disease.

CASE II.—L. B., a girl of bilio-nervous temperament, usually a "small eater," but inclined to plethora, had exhibited remarkable perversity of temper at times from early life, began at twelve years of age to suffer attacks of epileptiform hysteria. There occurred usually between 5 and 9 o'clock P. M. the first symptom, being a vacant stare, then starting to run, but seldom getting but a few feet before falling, then up and off again. Next come pulling of the hair, alternate laughing and crying with a termination in uneasy sleep towards morning, or sometimes in most beautiful plaintive singing, in which she was by no means a scholar when sane. As she advanced towards adult age, the paroxysms became more markedly hysterical. Arterial action was less forcible, and venesection less indicated than formerly. Menstruation was irregular, but not unusually painful, and did not seem to influence the attacks. Undue excitement, physical or mental, was usually followed by attacks, not because of inability to bear ordinary degrees of either, but because of excessive exertions to which her natural ambition would lead her. Constipation was more marked than any other pathognomonic which came to our ken. Being usually good to take medicine if adroitly administered, she would swallaw enormous doses of anodynes and soporifics without effect. Venesection would quiet muscular action, but mild delirium would continue several hours, and languor and debility on the succeeding day would indicate that the vital fluid had not been well spared. Frequent trials of Ant. et Potass. Tart. in doses of from iv to vi grs. convinced us that its effect alone was more certain than any other remedy. It was sooner felt (chloroform was never tried), and a decided impression was more likely to prevent a return on succeeding nights than venesection alone. She usually complained of nausea, but i seldom produced emesis unless combined with "ipecac," and such combination and effect was no improvement on its independent action. Indigestible ingesta were seldom found operating upon the functions. Since maturity and marriage, we have lost sight of the case, but have learned of occasional attacks. She has borne one child.

Case III.—Called in the evening of May 31st, 1856, at the house of S. B., to see a girl of 17 or 18 years of age in severe hysterical conculsions, which were said to have continued two or three hours. The house was well filled with anxious or curious visitors, and two or three men holding the patient with as much energy as if she had hydrophobia. A disconcerted Homœopath was in attendance and answered indirectly our question: "What has been given?"

Three grains of Ant. et Potass. Tart. were dissolved in water and taken at a draught. Clearing the room of all but two girls about her own age, we seated ourself upon the side of the bed, giving her full play with her hands, except to keep them from her hair and mouth. The same remedy, gr. ss, was again given with Morph. Sulph., gr. ⅛, in thirteen minutes. In about fifteen minutes after taking which, she exclaimed: "I shall vomit," was perfectly rational and was left with one or two girls who were forbidden to talk. She soon went to sleep without vomiting, and had no return of hysterical paroxysms. In the afternoon of the next day, there was evident spinal congestion, and mild intermittent fever required attention until June 5th. She had menstruated normally about a week before this attack.

The foregoing cases indicate the manner in which it has operated in our hands, in some of the common forms of this affection. We might multiply examples in which its influence in combination with other remedies had assisted in subduing complications, but their practical value would not exceed the natural suggestion of the medical practitioner. It is more permanent than anæsthetics in its impressions, is much more certain than the cold dash, less severe than a cold bath, and neither fastidious eyes or taste are liable to detect its solution, if ingeniously brought forward, which with other advantages heretofore mentioned have placed it so high in our estimation, that we trust a fair trial will render no excuse necessary on our part for calling attention to it in a rather verbose communication.

J. H. BEECH, M. D.

DETECTION BY ETHERIZATION OF FEIGNED IDIOTCY.—Etherization has been resorted to in Belgium as a means of acquiring judicial information. After a considerable robbery committed at Brussels in November last, two men, named Lorch and Daubner, were arrested and brought to trial. The former was condemned to hard labor for life ; but in consequence of the latter pretending to be dumb and idiotic, his trial was postponed, in order that a medical investigation should take place. It was found impossible to get even a sign of intelligence from him. As it was, however, known that he was not born dumb, and that he had spoken, when he said that he could speak no language but German, he was etherized, and while laboring under the effect of that application, he spoke perfectly, and in French. He was in consequence again brought before the tribunal, and condemned to ten years' hard labor.—*British Med. Journal,* August 1st, 1857.

NITRATE OF POTASH IN DYSENTERY.—Dr. Tiedeman, of Philadelphia, has issued a pamphlet on Dysentery and its Treatment. He says : "The *internal* remedy which I have almost exclusively rrescribed, and frequently with surprising success, is *nitrate of potassium* (*kal. nitr.*) I have given it in large doses, which agreed perfectly well with the patients. *Locally,* I have ordered, immediately after each evacuation, no matter how often they occurred, *injections of pure cold water.* In very severe cases, particularly in hot weather, he has ordered injections of ice water with the best effects. As diet, I ordered milk, gruel, barley, rice-water, toast and water, pure water, and buttermilk as much as the patient liked to take. *Nashville Jour. and Med. Surgery.*

BORAX ENEMATA IN DIARRHEA OF CHILDREN.—The great utility derived from the employment of borax in aphthæ of the buccal mucous membrane should lead to its more frequent use. Thus, in intestinal catarrh of children there is often ulceration around the margin of the anus. In such cases M. Bouchut employs the following enema with advantage : borax ʒj. ad ʒij. weak barley-water ʒxxxvi.—*Bull. de T' héra*

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INTRODUCTORY LECTURE,

Delivered by D. Warren Brickell, M. D., Prof. Obstetrics, N. O. School of Medicine, Nov. 3d.

PUBLISHED BY REQUEST OF THE CLASS.

Gentlemen—I have been chosen by my colleagues to welcome you to these halls, and to deliver the Introductory Lecture of this, our second session. The first named duty, I feel that I know how to perform, though I fail to find words with which to express the greeting we cordially extend you this day. It must be sufficient for you to know, that each one of you stands forth in our estimation as a great centre, on which is heaped all that we have of ambition, hope and energy; and from which must radiate the history of our failure or our success.

We welcome you, then, in the name of the science and art you are about to cultivate; we welcome you as the prompt patrons of honorable private enterprise to effect a great good; we welcome you as friends; we welcome you to these halls, and we extend you the unspeakable welcome of our firesides: we welcome you as students of medicine, and we welcome you as Christian strangers in a Christian strange land: give me but words, and I will speak your welcome; but, barren of them as I am, I can only hope that you will believe that our hearts are now throbbing only joyous welcomes as you lavish on us your sympathy and your favor.

And now to the performance of the second duty. Contrary to the established rule amongst the Medical Colleges of this country, we have determined to have but one introductory lecture at the beginning of each term; but you will find this to be one of the minor innovations only which we have adopted. We think it a duty which we owe you, to economise your time, and we know by experience that the week usually devoted to introductory lectures is just one week lost to the student of medicine.

I very much doubt my ability to interest you this morning, for I fear you have assembled here to be really refreshed after the fatigue of your long journeys. I have never had much taste for gaudy declamation, and I never stopped in my journey thus far through life to gather a bouquet from the parterre of rhetoric. I like to bask in the rays of poetic fire, to gaze on the beautiful, and to loiter on the strains of joyous music; but I am neither poet, painter nor musician. You will, consequently, have to submit philosophically to a plain, unvarnished account of the institution to which you are now attaching yourselves. This seems to me a most fit occasion on which to speak of, not only what our institution is, but of what she hopes to be: we have initiated a great and important enterprise, and it is meet that you and the world should know the basis on which we stand—the soil in which we have planted ourselves.

And here, gentlemen, I am irresistibly led to ask, what it is that you really seek at our hands? Why is it that we find this building, whose walls still ring under the plasterer's trowel, thus filled with those whose footsteps were wont to point northward and westward—*anywhere* but in the direction of our great Southern metropolis? Why is it that you come to us, on some of whom the reproof of youth has been heaped, because of our so-called temerity? What is there more alluring about our temple, that you seek shelter here? Where did you, who are "first course students," hear of us? and why do you, who are "second course students," turn from your old gods and seek to worship new ones? Gentlemen, the one great answer to all these questions is written in letters of living light on each and every brow before me. We are the humble, yet zealous pioneers in medical progress and reform, and we have stepped forth at a time when the atmosphere which surrounded us was polluted by dull doubt and sickly trepidation, to lend our united and unstinted efforts to the proper development of the very best natural resources in our land. For years and years New Orleans has presented a field for medical inquiry and instruction, totally unrivalled in our country, and yet this field has to a great extent lain a barren waste, because competition was not known here, and doubts and fears continually haunted the brains of men who did sometimes dream of change. The city which should have been attracting its thousand students annually, was being outstripped in the great race amongst Southern Medical Colleges. In five short years energy and industry had attracted to the inland city of Nashville over three hundred students (a number unknown to New Orleans until we opened the doors of this institution), and this despite the very best natural resources known to our country. Instead of New Orleans, with its great Charity Hospital, its superabundance of anatomical material, and its liberal laws which permit the freest use of these great privileges, being the medical metropolis of the South—if not of our whole country—she was fast becoming a fifth-rate point in the estimation of our youth. Louisville was ahead of her; Charleston had surpassed her; Augusta had rivalled her; and now Nashville had left them all in the distance.

It was in this hour that we stepped forth armed for the redemption of our city, as well as to strike for the cause of medical progress and reform throughout our land; and your presence here to-day is but the loud and cheering echo to our call for troops to fight our way to victory.

But little more than eighteen months ago the spot on which we now stand was a barren lot of ground, an eyesore to the community, and considered comparatively worthless on account of its contiguity to a great Hospital. Now, there rears its proud head a noble edifice, which not only pleases the eye of the passer, because it is ornamental, but which elicits the admiration of the philanthropist, because of its acknowledged utility. Here, where but a few short months ago rank and noisome weeds monopolized the soil, and merry frogs sent forth their nightly serenade to the inmates of yon vast sick-house, we now find not only a rich profusion of all the regalia with which science is wont to clothe herself, but we also find a fit shelter for her gear, and halls on halls for the liberal reception of all the captives she may make when she walks forth over the land to war against ignorance.

What has worked this wondrous change? What *could* have worked so entire a transformation, save energy, industry and determination? Not energy, industry and determination to work a ruin, and then rise on the spoils; but a firm and unflinching purpose to carry out a useful project, through the legitimate and wide channels so liberally furnished by a wise Providence. I take it that every man was born to serve some useful purpose. If it be true that the minutest animalcule serves some important end in the great plan of the universe, can it be philosophical, or even morally right, for the most obscure individual in a civilized community to cower under the causes of his obscurity, and say that he forms no part of the machinery of this great world? No; it is this very consciousness, that utility lies at the bottom of our existence, that engenders within us that God-like attribute called ambition, without which man is never the full measure of his nature.

We tell you, then, that energy, industry and determination, all backed by an irrepressible ambition to be useful in our day and generation—these are the levers which have lifted the New Orleans School of Medicine into an already enviable existence; and while we are permitted to labor in the vast and fertile field before us—while the genius of Liberty hovers o'er our land and permits man to *be* ambitious—we hope to keep a jealous eye to these attributes, believing, as we do, that they are alike indispensable to permanent success and honorable to all who cultivate them.

The spirit in which this Institution was conceived can never appear objectionable in the eye of the most fastidious, and the whole plan through which we are laboring to effect her permanent establishment will, we feel assured, stand the test of the most jealous scrutiny. While the spirit of the age seems to be to establish medical schools with the single object of making money—as is evinced in the location of such institutions where few or none of the necessary natural advantages exist; by diminishing, rather than increasing, the number of professors; by diminishing the price of tickets, or by even giving them away—while such seems to have been the mania of the day, and while open rebellion against the highest medical tribunal of the land was being more and more seriously threatened, we have come forth, not to pour oil on the troubled waters, but to raise a beacon light, which shall guide the distressed into a haven of safety.

For ten long years, the medical profession of this country, through all the legitimate channels from which its voice could be heard, has been complaining of various obvious causes which tend to degrade us, among which stands most prominent the subject of deficiency in the system of medical education. I will not attempt here to review the history of this decade, but I desire to impress on your minds the fact, that tacit and effectual resistance, on the part of the schools, to the urgently expressed will of the mass of the profession (a will expressed through their numerous representatives in the American Medical Association) has been so unrelentingly carried on, that the popular voice has been almost completely stifled, and the best friends of Medicine have almost yielded in despair. Instead of our great National Council of the People being the tribunal to which all should look with profound respect, and whose reasonable will should command the obedience of all who are there represented, we have witnessed the strange spectacle of a minority representation of the schools fraternizing with the people at their annual meetings, cajoling them out of all the posts of honor and distinction, swearing under the same code of ethics, and the same constitution, and yet resisting to the bitter end the expressed will of the Association on the subject of deepest interest to us all; until, at the last meeting, a professor in a medical school has the temerity to rise and offer a resolution to the effect, that the American Medical Association has no power to control the subject of Medical Education!

In other words, and in plain language, gentlemen, the people of the profession in this country have seen grievous evils existing in our ranks; professors in medical schools acquiesced in the belief of their existence; then people and professors got together, under the ægis of one code of ethics and one constitution, and sent forth to the world the balm for the frightful wounds under which we labored; the schools acknowleged to the people the necessity for reform in their system of instruction, and they were called on to institute it. Have they ever done it? *No.* Do I exaggerate? Then search the records of the past for my vindication from the charge. I only find language too feeble to express my astonishment at the humiliating condition into which we have fallen.

It is at a time like this that the Faculty of the New Orleans School of Medicine united themselves into one little band, and resolved to enter the field in defense of the popular will, in defense of natural right, in defense of time-honored Science, in defense of Progress and Reform! What if we should fail? Is it not better to die martyrs in the cause of good, than to live writhing under the never-satiated sting of evil seated on a throne attained by usurpation? Who would not sooner fail in endeavoring to do his whole duty, than live in slothful obscurity, or go all his life staggering along through the mephitic atmosphere of evil piled on evil? But, like Richelieu, we know no such word as fail. The New Orleans School of Medicine has come forward to adopt and carry out to their fullest meaning and intent all the recommendations of the American Medical Association for the improvement of the system of medical education; and such is her confidence in the constituents of the popular and legitimate majority of that Association, she does not think it possible to fail.

We come not, as did one or two schools some years ago, to make half-way concessions to the popular will, and merely to lengthen our lecture term, to see how it will answer, and this at a time when the Association is most popular; but we come at a time when despair has seized the best friends of Medicine; we come at a time when all hope of reform has fled, and we come pledging ourselves to fulfill the entire scheme of lengthening our lecture term, dividing the labors amongst a greater number of teachers, and then practically demonstrating the subjects taught, so that our graduates shall go forth ready to recognize and treat disease, and not merely instilled with the theories of our Art and Science. We ask of you whether we are to fail in such a holy enterprise as this? Nor should we question you thus. Your appearance here to-day is the ever-living answer, *no.*

In the best of all books, gentlemen, we are told that St. Andrew, one of the followers of our Saviour, when threatened with crucifixion for preaching the Gospel, boldly told his accusers, that he would not have preached the glory of the Cross, had he feared to die on it. In the most humble spirit of comparison, permit me to tell you that we would never have enlisted in the cause of our Science, had we feared to die martyrs. No! lash us with an endless cord, transfix us with a thousand nails; so that we be lashed and nailed to the great Tree of Science, we know no pain, and our joy is complete. No murmur shall pass our lips to mar the gentle requiem of wind and bough and leaf, as they mingle in sweetest concord o'er our glorious place of rest.

Pardon a digression here, gentlemen. Even before our long summer season permitted you to cheer us with your presence, we had had the seal of success indelibly stamped on our banner by the noble little band which rallied around us in the commencement of our career. Every American patriot must have fully impressed on his heart the "spirit of '76." That was an era in the history of our country to which every heart reverts with throbs of pride too high, too holy to be expressed in words, and the very school boy, as, in his early mathematics, he brings the glorious figures in appropriate union, starts to the imagined strains of our "Yankee Doodle" or our "Hail Columbia." To us all there is a charm unspeakable in these two symbols of number and of quantity, and the history of Liberty has encircled them with a halo even more grateful to our souls than the rainbow which spans the glorious sky and tells us that the storm is o'er. You will not wonder, then, if I tell you I have a strange superstition—that the loud prophecy ot success rings in my ear, because the first class of the New Orleans School of Medicine numbered precisely 76!

But I have told you that we present ourselves to you as the champions of reform. Perhaps it is necessary that I should corroborate the assumption, or I may be charged with vain boasting. The American Medical

Association (and I would have you, once for all, remember that its voice is that of the mass of the profession) has said repeatedly, that it is absolutely necessary to lengthen the lecture term to six months, in order that the lecturer may be the better enabled to perform his duties, and the student to digest what he hears. We have made our term five months, without reference to preliminary lectures—and we will extend it to six, the moment we find that we will be supported in the innovation. And is not this proposition to lengthen the term to six months the most reasonable one in the world? For my part, gentlemen, I confess that I am more than surprised that the four months system should ever have been adopted; I more than wonder that it should be still pursued by teachers who have any other result at heart than the lining of their pockets, and I hardly know what to say I do think of men who will, in this enlightened age, persist in defending it. Sometimes, when I read the lucubrations of men who make you students of medicine the basis of all their arguments in favor of the system, I really ask myself whether it is possible that I know what a student of medicine is, and if I were in the slightest degree leaning towards the belief of the polygenists, I should certainly have to set you down as a distinct species amongst the so-called indigenous races of the earth. I am sure you do not know in what an unenviable light you are held before the world by your own loud-mouthed friends, and I will take this occasion to show you the picture that is drawn of you by artists who claim to be best acquainted with you, and most thoroughly identified with your interests.

All those who defend the four months system frankly acknowledge, as a starting point in their many dissertations, that it is "preposterous, in violation of all laws of health, physical or mental;" all of them shrink from any legitimate defense of it on the ground of philosophy or utility, and on your backs they pack all the blame which the world is most justly laying at their doors. Gentlemen, they tell us that you are so far inferior to all other intelligent beings, that you have no just conception of the mission on which you have embarked, and that it is a little scrap of parchment you seek, and not the proudest gift to man on earth—*useful knowledge!* They tell us you cannot possibly be kept in attendance on lectures more than four months, and the latest chaste and delicate touch to the canvass, by a Western editor and professor represents—"The first end of the class leaving in their shirt sleeves, and the last with their breeches rolled up to their knees!" I give you the precise language of the author, though I freely confess that it by no means embellishes my address.

Is it possible, gentlemen, that this picture faithfully represents that portion of society known as students of medicine? Is it possible that you who are soon to become the guardians of the public health, you who are to be looked up to for the relief of the manifold physical ills of poor humanity, you of whom society expects more than of all others besides, are so totally insensible to the importance of your mission, so entirely unconscious of the responsibility you are about to assume, that you will weigh time or money in the same scale with that knowledge at the fountain of which no life time affords opportunity to satiate even a reasonable thirst? *Can* it be true, that the student of medicine alone, of all who are found walking in the paths of science, contents himself with learning the mere alphabet of his future vocation? Gentlemen, if there be one amongst you who has come here this season in the spirit indicated by the Western artist just quoted, let him ponder well one thing, and if his soul be not dead to all those emotions which go to make up the real man, then he must pause in his reckless career. Remember, that he who doles out stingily his time or his money here, does it at the heavy cost of hundreds, or may be thousands, of his suffering fellow beings who may hereafter throw themselves on him for relief; while he who liberally spends both now, in the acquirement of knowledge, does it at his own cost only. Let any man who thinks he can strike a parallel between the two withhold his name from our matriculation list, for he can never help us to that goal whither our ambition now leads us.

To show you the utter absurdity of the four months' system, and to prove to you that the North American Medico-Chirurgical Review was right (though inconsistent) when it proclaimed that it was "preposterous, in violation of all laws of health, physical or mental," I will mention here, that we have in this city a Law School attached to the University of Louisiana; in it there are but four professorships; yet there is but one lecture daily, and these lectures are continued during *five months!* Now, tell me whether the amount of knowledge requisite for these law students will at all compare with that which every one of you possessed of a conscience must feel that you require. And tell me, too, whether the *esprit du corps*, the ambition, of those students of law transcends your own. Are you willing to admit, that you will suffer by the comparison?

Gentlemen, all effects are preceded by causes, and it is a beautiful, though often too profound study to start at the one, and work back, step by step, through the labyrinths of thought, to the other; but there are instances in which no such labor is required; we see light, and we see as quickly the sun which produces it. In the case before us, the sun is not more palpably the cause of light, than is the four months' system of stuffing and cramming the cause of the premature withdrawal of the student from the lecture room and the hospital. I assume that it is impossible for the proper pursuit of the alluring study of Medicine to pall the intellectual appetite, and it must be the "preposterous" system under consideration which drives the Student from the school. The mind of the Student becomes wearied; it is absolutely prostrated by the unceasing labor to which it is subjected, and it is nauseated by the very superabundance of the food spread before it.

The American Medical Association has, also, insisted that a greater amount of hospital instruction is indispensable to the Student of Medicine. This has been the point more strenuously urged, perhaps, than any other; we think it more than reasonable; we have adopted their views, and we are willing to leave the decision even to our enemies (if we have any), whether we do not afford greater advantages to our pupils in this respect, than any other School in the land. Six, out of ten, of us give *daily* bed-side instruction in the great Charity Hospital, and the remaining members give tri-weekly dispensary clinics at our Free Dispensary under this roof, where an average of one hundred patients a week present themselves for treatment. Indeed, such is the proximity of the Charity Hospital, that *all* our patients, numbering hundreds, are right here at our very door, and our pupils do not have to travel miles, or even cross rivers, in their visits to the sick.

Does any other School in the land do this? We desire to draw no invidious distinctions, but we have assumed a virtue, and it is our privilege, our right—or our duty, if you will, to prove that we have it, by all the strength of truth. And yet I will not compare our Institution to those around us, and which may be considered our honorable rivals; but we will travel far from home, and dare a comparison with Schools located in the so-called "Medical Metropolis" of our country. We will go with you to Philadelphia, the hitherto fashionable resort of Southern Students, and we will have the boldness to place ourselves beside the time-honored University of Pennsylvania, and the gigantic Jefferson. Surely these Institutions will not object to the comparison. The classes of these two Schools amount, in the aggregate, to at least nine hundred pupils. What are their facilities for Hospital instruction? Every man who has ever pursued the study of Medicine in Philadelphia, knows that the old Pennsylvania Hospital is the grand rallying point—it is the all in all of our Philadelphia brethren, in the way of "hospital advantages." Yet, who does not know that the Pennsylvania is, and always has been, in the hands of the friends of the University, whose Faculty control the clinical advantages, and that the "ticket" furnished gratuitously to Students of other Schools is a mere nominal privilege? I quote from the late announcements of the University and the Jefferson to prove that in Philadelphia, so far from the Student's being afforded facilities for daily bed-side instruction—the very best he can possibly seek—he goes but twice a week to the Pennsylvania Hospital, and there seats himself in a crowded amphitheatre—a room not capable of holding more than one-fourth of the Students who flock to that city—to listen to abstract lectures on patients who are brought into the room, it is true, but on whom the sense of sight alone can possibly be brought to bear. The University announcement says:

"The Professor of the Theory and Practice of Medicine, whilst conducting the Course in the University, also lectures, twice a week, on Clinical Medicine in the *Pennsylvania Hospital*, during his term of service as Senior Physician to this Institution.

"The Surgeons of this Hospital perform similar valuable Clinical service in connection with the branch of Clinical Surgery."

The Jefferson announcement says: "The hours of attendance at the Clinic of the College are so arranged as to permit the Students to attend every Wednesday and Saturday the Clinic held at the Pennsylvania Hospital. The Course adopted in that Clinic is the same as at the Clinic of the College. With so large a class in attendance, it is impracticable to visit the sick from bed to bed, and hence, on the days named, the patients are brought into the amphitheatre, and there treated and lectured on."

So that, in the winter season, when twelve hundred Students are collected in Philadelphia—hundreds of them from the South—amphitheatre Clinics, twice a week, at the College and in the Pennsylvania Hospital, constitute the much vaunted "Clinical advantages" of the "Medical Metropolis" of our Country! There are no opportunities for studying disease at the bed-side, except in the summer, and we all know how few of the twelve hundred are to be found there after the lectures close in the spring.

But what a very farce is this system of amphitheatre Clinics, when compared to daily bed-side observation of disease! It is all well to introduce surgical cases before Students in this way, when you intend to operate, for then it is the sight alone that is to be brought into play, and the amphitheatre affords the best opportunity for the whole class; but to properly comprehend the true nature of the affection, even in these cases, it is necessary that the Student should have seen the patient previously in his bed. What shall we say, then, of the Clinical Lectures in Philadelphia on the Practice of Medicine? Do they take a patient who is laboring under pneumonia, or pleurisy, or enteritis, or any of the acute and dangerous diseases—do they take him, I say, out of his bed and carry him into an amphitheatre, and there lecture on him? Or, rather, does not every dictate of humanity, every duty which the physician owes his patient, forbid any such unwarrantable disturbance and exposure? Or even if such patients were thus rudely served, does the Student who listens to the lectures feel the pulse, or auscult and percuss the chest? Does he have any opportunity of *practicing* the *art* of his profession? Why, gentlemen, I have seen a learned professor deliver one of the most interesting lectures imaginable on the sick man, who sat by him in the amphitheatre, and then find that he had been lecturing on the wrong patient.

The truth of the matter is, these amphitheatre clinical lectures, with the exception of their adaptation to surgical operations, and the exhibition of some of the more palpable external phenomena of chronic disease, are the medical humbugs of the age. Imagine the professor, with the cadaver before him in an amphitheatre, demonstrating the *pathological* condition of the organs! Or imagine him *exhibiting* to the class a case of cataract, or a fistula lachrymalis! Cannot a man with half an eye perceive that the system is rotten to the very core?

But leave the gate of the Pennsylvania Hospital, which I have shown to be utterly incapable of accommodating the crowds of students who flock to Philadelphia, and where in that city will you point me to another hospital fitted and devoted to the purposes of the student? There is not one. The much vaunted Blockley is the only other establishment which pretends to offer any advantages. It is large and accommodates many patients, but it is at least three miles away from any school, and is across the Schuylkill river; indeed it is utterly inaccessible to the student who attends lectures. I have tried it, and I speak knowingly.

If, then, as the Jefferson Circular says—"with so large a class in attendance, it is impracticable to visit the sick from bed to bed," and even when driven to their amphitheatres for clinical instruction, we find the crowd in Philadelphia too great, what sane man will compare their advantages for clinical instruction with ours? There they have three or four physicians and surgeons, who are all directly or indirectly connected with the University, to deliver amphitheatre clinical lectures to twelve hundred students twice a week: here we have six, out of ten, of the professors in our institution alone in possession of ten or twelve wards, with our class divided amongst them, and visiting the sick every day of the week at the bedside itself: and the lecture hours are so arranged that the student has the privilege of walking this vast sick house during 2½ hours of each day, and may thus make the visit with several different professors every morning. Here there is no occasion for a rush and a squeeze: such is the praiseworthy liberality of the Hospital regulations, any and every student, who properly demeans himself, may visit any patient in advance of or after the teacher, and thus quietly and profitably pursue the investigation of disease. I do not hesitate to assert, then, that New Orleans is this day capable of affording more clinical advantages to a larger number of students than any city in the Union. It will not do for men who have never been amongst us to deny this: all they have to do is to come and look, and they will give it up. I have personally visited all the larger Northern cities, and I speak without fear of successful contradiction.

If there be one amongst you, however, who imagines that by this comparison I desire to detract one iota from the full measure of praise universally accorded our Philadelphia brethren, let him at once rid himself of the impression. I have not words with which to express the high estimation in which I hold the noble spirits from whom I derived my medical education: no man ever heard me utter one word derogatory to such men as Chapman, Wood, Horner, Gerhard, Norris, Meigs, and a host of others; but the day has arrived when the medical men in the South must awake to the fact that the lecture rooms of these worthy men are crowded to such an excess, that it is no longer a matter of doubt that the Southern student of medicine, who goes North, leaves behind him advantages far greater than he can possibly meet with there, and this is a sufficiently weighty argument in favor of home patronage, without reference to the even more important truism, that the student who intends to practice in the South, should be conversant with Southern diseases.

But it has become fashionable, gentlemen, for us Southerners to be charged with "Sectionalism" the moment we open our mouths, either in favor of the advantages which we know we possess, or against the suicidal course pursued by our population, of running to the North for the very things we have amongst ourselves in greater profusion and of better quality. The cry has been sounded long and loudly, and even medical men have now come under the ban. Now, I believe I am possessed of a full share of patriotism, I believe I love my whole country as fondly as an American can or should love; and, with all the enthusiasm I may exhibit in favor of my home, I can freely declare that I have no grudge against our neighbors of the North, nor would I willingly detract one iota from the full meed of praise due them in every way; yet such is the fashionable cant of the day, I believe I shall be charged with sectionalism for the comparison I have drawn.

But what of this? If to love one's own home more dearly than we do our brother's; if to think the woodbine which creeps o'er the doorway of our little cottage blooms forth sweeter fragrance than all others; if to prefer our own glowing, genial Southern sun to the icy breath of Boreas; if to compare our condition with that of others, and, by the comparison, to become more content with our own; if to exert ourselves by all honorable means to excel even our brother in cherishing and developing the resources by which we are surrounded; in fine, if to search out the blessings which a great and a just God has showered on us, and, having found them, to labor to enjoy them; if all this be the hated "Sectionalism," then is sectionalism our banner, and it shall be planted on the topmost brick of this edifice, and on it shall be inscribed in letters of living light —Home, Progress and Reform!

I have shown you, then, gentlemen, that we are in reality laboring with the American Association for a sound reformation in the system of medical teaching in our country; we have lengthened our lecture season materially, and we are willing to go even farther; and we offer to the student opportunities which we have never seen equalled in this country. But the Association has gone a step farther; it asserts that the standard of preliminary education amongst students of medicine is entirely too low, and it recommends that this standard be elevated by the Medical Schools.— Now, this is a subject over which I have pondered much, and the more I think of it, the more thoroughly satisfied I become, that it is a matter which the People of the profession can manage themselves far better than we can; indeed, I do not see how we are to manage it at all. If the Association imagines for one moment that any set of professors should, at the beginning of each session, examine each individual of a class of one, two, three, or even four hundred students, for the purpose of ascertaining the extent of his knowledge of Latin, Greek, Mathematics, Philosophy, etc., etc., then they have a far more exalted idea of the physical endurance of said professors than I could ever have imagined. It is our province to teach you medicine, and we shall conscientiously examine you as to your qualifications in this respect. One of our requirements is that each individual applying for the degree shall furnish a thesis on some subject connected with medicine, and the whole character of every such document, including orthography, diction, etc., will certainly receive our careful attention. But it is not a part of our duty to go farther than this. While we are the warm advocates of the most thorough system of education, we cannot admit that a man *must* have studied Latin and Greek in order to be a good physician. We cheerfully admit that he who *has* studied them has great advantages over him who has not, and we would strongly urge every one of you to acquire *some* knowledge of them; but that a man cannot comprehend the philosophy of the action of the gastrocnemius muscle, or diagnosticate gastrodynia, or properly administer Hydrargiri Chloridum Mitis, because he does not understand the derivation of these terms, we cannot admit. Ignorance of this kind forms a great stumbling block in the way of the student of medicine, and no matter how long he lives, or how closely he applies himself, he will ever regret his deficiency in this respect. The man who is fairly informed in the languages which form the basis of our literature and nomenclature, and who has an accurate conception of the laws of physics, etc., etc., will most probably be *more* useful, and at the same time he will be ornamental to society; but it does not follow that he who is deficient in these respects must be a mere cypher, or even a disgrace to the profession. I tell you now, gentlemen, I stand here as no apologist for ignorance; on the contrary, I believe myself to be enthusiastic on the subject of liberal education; but I have great faith in that thing called *common sense*, and I would sooner trust my sick body to the man well imbued with this indispensable attribute, and who had been educated at the bedside, than to him with the polished education all derived from books and abstract amphitheatre lectures. I draw this comparison merely to show you that there may be two kinds of really good doctors. Again, I say, understand me not as saying one word by way of encouragement of ignorance of any kind (I wish I had been ten times more thoroughly educated than I am this day,) but understand me only as saying, that it will be hard for the People of the profession to fix a standard of preliminary education up to which a man must come before he can be admitted into the fraternity of students of medicine. Our geography, our migratory habits, the nature of our institutions, all are such, that there are now, and must ever be, two distinct classes of medical men in our land, viz: those who are more or less highly educated, and who have, consequently, the opportunity for being both useful and ornamental to society; and those who are more or less deficient in what is called preliminary education, and, consequently, cannot reasonably expect to be more than useful in their day and generation, and perhaps even this usefulness curtailed by the deficiency under which they labor. In the language of Professor Hartshorne, of Philadelphia, in a recent introductory lecture on medical education:

"Two views are possible as to the scope of medical education; 1st. That which regards all that would be *desirable* in the preparation of the medical man; and, 2nd, That which considers what is *indispensable*." In other words, gentlemen, there is so much that a man *may* know, and which every one of us should *desire* to know; and then there is just so much that every man *must* know, in order to be a physician.

Few, very few, can attain all the knowledge that would be embraced under the first head; all of us can and should be possessed of all embraced under the latter. Then, he who is working upwards from the lower to the higher degree, is deserving of all praise, and is fulfilling his obligations to his fellow men.

We say, then, that it rests with *preceptors*—those who send young men to Medical Schools—to effect reform in preliminary education. Few young men study medicine except under the advice of some medical friend, and these very friends have a far better opportunity for knowing the capacity, tastes and acquirements of those they are advising than we can possibly have. At any rate, let the reform begin with preceptors; then we can the better see what is wanted, and if any co-operation on our part be feasible, we shall be proud to come to their assistance. We will never be found even tardy in uniting with our brethren in any practicable plan for the elevation of the standard of medicine.

I have told you, then, of our acquiescence in the recommendations of the American Medical Association in relation to lengthening the lecture term, and largely increasing the opportunities for bed-side instruction. I have yet to tell you that we have, in other respects, gone far ahead of all this, and have successfully effected other radical changes, which we have not only found to work admirably, but which, if we are allowed to base our predictions on "the signs of the times," will force themselves on other schools in the country.

Experience as students of medicine, and as lookers-on at the general working of our prevalent system of medical teaching, had taught us that one great error lay in the fact, that the number of professorships was too limited, and that, consequently, some of the chairs were burthened with an amount of labor that no one man could possibly perform in the space of time allotted him. Those of us who commenced the organization of this faculty at once determined on a subdivision of labor, and the result was the establishment of two separate and distinct chairs—the one sharing the onerous duties of the Professor of Theory and Practice; the other taking from the chair of Obstetrics the really distinct branch of Diseases of Women and Children. To those of you who are second course students, there will at once appear a real necessity for these innovations, and the first course student will soon learn to wonder how we could otherwise have done our duty properly. Those who attended their first course with us last winter know full well that the professors in these new chairs had their hands full; and those who attended their first course elsewhere will at once admit that they neither heard a full course on Theory and Practice, nor the fiftieth part of a course on the Diseases of Women and Children.

In order to teach you both the science and the art of *practicing* medicine, it seemed to us absolutely indispensable that there should be more than one individual to perform the labor, and the experience of last winter has demonstrated that we were right. The teacher who calls the attention of his class to a disease once, or even twice, during the session, is not properly preparing his pupils for thereafter encountering that disease on their own responsibility. You must see it again, and again, and again: indeed all the senses must be properly and repeatedly brought to bear on the subject before you can have a just appreciation of it. This is what we call acquiring *experience,* and to acquire this experience it is that we would carry you daily through the wards of the Hospital. When the young physician offers his services to the public, the universal cry is—"he is inexperienced," and if any one can tell me how we can otherwise rid you of this stumbling block in your way, and at the same time do your communities a signal service, I shall be pleased to consider the plan.

We call our new chair "Clinical Medicine, and Auscultation and Percussion," and it is the duty of this Professor to practically demonstrate to you all such diseases as may appear in his wards during the season, and to thoroughly instruct you in the art of Auscultation and Percussion. If there be a man amongst you who thinks this post a sinecure, let him just devote himself to the practical study of the latter art alone, and then tell me at the end of the season if he has learnt any too much. I might talk to you in an amphitheatre for five years about the normal respiratory murmur, and then about bronchial and crepitant râles, and all the other abnormal sounds about the diseased chest, and, although you might most thoroughly know what all these were in theory, and might even be able to discourse quite eloquently in relation to them, you could not go into a sick room and recognize them if you were to be hanged for it. You would, then, have to go hence to learn on your suffering patients that which you should have learned here. With the means at hand, then, for giving you this indispensable knowledge, is there any possible reason why we should not offer it to you? or when offered, is there any reason why you who are here should neglect to receive it, or why other Southern students should turn their backs on such opportunities, and run away North?

But alas! for our poor sick women and children. Can any man tell us why, in this country, where woman is more thoroughly appreciated, and where she occupies a more exalted position than in any other portion of the globe; and where little children are more tenderly nurtured, and have more nourishing food and purer air than can elsewhere be found,—will any man, I say, save our shame, and satisfactorily explain why it is that the only consideration the maladies of our wives and children have hitherto received at the hands of our Medical Schools has been to print them on the backs of their circulars, and, by totally ignoring them in their lectures, to impress the mind of the Student with the idea that they were either wholly unimportant, or so easily comprehended and mastered as to require no collegiate consideration. Gentlemen, I blush, but I do not fear to record the truism, that until the Faculty of the New Orleans School of Medicine established a distinct Chair of Diseases of Women and Children, no Student ever graduated in this country satisfied with the amount of knowledge he had acquired on this most important of all the branches of Medicine. And I say without fear of contradiction, that it is utterly impossible for any Professor of Obstetrics, in any Medical School, under the prevalent system to teach both Obstetrics and the Diseases of Women and Children; and yet, on to this same Chair of Obstetrics do we find tacked the latter most important duty. The Annual Circular of the

School is embellished with an array of inducements to the Student; the Professor cannot perform the duty assigned him; the Student is promised, and pays for, that which he never receives; and the very best portion of our community is neglected by the medical man—all because, perhaps, the multiplication of professorships will produce long-division of nett proceeds. The idea seems to have been, that Students must attend lectures whether they are taught this important branch or not, and $20,000 or $50,000 is much more satisfactorily divided by seven than by nine.

But I will not dwell longer on this subject. The innovation we have established is too palpably important to require argument in its defense. As well might I enter into an argument to prove that we love our mothers, our wives, our sisters, and our babes. Already has one of the most prominent teachers in the West (the Editor of the Western Lancet) endorsed our editorial remarks, in our Medical Journal, on this subject, and proclaimed that his Medical College has *at last* made arrangements for teaching the Diseases of Women and Children; and I tell you now, that this is but the first voice in the rapidly approaching, loud and general echo which our humble yet earnest call for reform shall elicit. I fearlessly predict that this branch of Medicine will receive the highest consideration at the hands of all respectable Medical Schools in this country in less than ten years; and oh! that I could, by predicting thus, wipe out the stain that rests upon us for our past unpardonable negligence. I stand here to prophecy good that is surely coming; yet I blush while I prophecy. The joy that I feel in unwavering confidence that we may be useful in even commencing a wholesome revolution, is clouded by the recollection of the present and past delinquency of our Profession.

I must not omit to mention another innovation we have made. You have been in the wards of the great Charity Hospital, and have there seen the unlimited amount of disease subject to your investigation. Notwithstanding this, we have, under the conviction that you should all have free scope for observation, established on this side the street, and within this building, a Free Medical and Surgical Dispensary. This additional advantage needs no praise at our hands. Suffice it to say, that there are three spacious rooms devoted to the purpose—one for men, one for women and children, and one for an apothecary shop. Here Disease, in all variety, presents itself, to the extent of one hundred patients a week, and on three days of each week the Student is afforded the amplest opportunities for personal investigation of all the phenomena which characterize the sick man. Our Dispensary is not a little room to which the sick resort, so that the Professors may select from them such as they think fit subjects for hospital displays; but all our Students, both First and Second Course, have the freest access to our prescribing table, and there each one can examine the patients for himself. Besides this, the apothecary shop, in connection with the Dispensary, affords opportunities for practical information in relation to compounding and dispensing medicines.

Besides all these, you see around you, in rich profusion, all that is necessary for the complete demonstration of the different branches of Medicine. Our Chemist's Laboratory is stored with all the Chemical and Philosophical apparatus that can be desired, and everything is of the very best quality and latest style. Our Museum we consider fully equal to any in the land for all that can be required for the proper demonstration of the different branches, and in some respects we think it superior to any in the South. For the study of Practical Anatomy, we believe we offer the very best opportunities known. Our Rooms for this purpose are well ventilated, most liberally gas lighted, and furnished with pure cistern water in abundance. Such is the pleasant location, the extent, neatness and comfort of these apartments, that the Dissecting Room is fairly robbed of half its terrors to the novice, and is a pleasant resort to the adept.

Nor have we, while most careful to collect together all that is necessary for your instruction, been unmindful of those minor details which will tend to insure your comfort. Besides all apartments usually found in Medical Colleges, we have prepared for your reception a spacious and well-arranged Assembly Room, where your leisure moments may be spent in agreeable social intercourse with each other. Indeed, in every direction, you cannot fail to perceive the evidences of our willingness, our desire to make your sojourn with us in every respect agreeable and instructive. It is our ambition to satisfy all your reasonable desires, so that you will leave us as friends, and in your future careers labor for us with the same hearty good will that shall always characterize our labor for you.

I have thus cursorily called your attention to what we believe to be the absolute *advantages* of our institution, and I have compared these with such as our Southern students of medicine have been in the habit of considering the best in our country. We are now more than willing to abide by the decision of any of you who have attended your first course at the North; and if any who are now about to attend their first course with us think there is anything better to be found at the North, we say, go next winter, and try it. We have been there, and we know what will be the result of your experience. I do not tell you that they have not much that is good there; nor do I tell you that there are not able and zealous teachers there, who will labor conscientiously for you; but I do claim that we have more to offer you here, and that of better quality; and we shall labor unceasingly for your advancement. We cannot, therefore, see the reason, or the propriety of your ignoring the worthy exertions of your own fellow-citizens, the unrivaled advantages heaped at your own doors, and spending your money out of the community, to which you will surely return and petition for a living.

Gentlemen, I know no North, no South, no East, no West; but I do know that it is the imperative duty of every man to use his best efforts to promote the welfare of the land which gives him air to breathe and food to strengthen him. The South has awaked at last to the importance of this truism. She is finding out that it is cheaper to build our own railroads to ride on, and the iron arms are stretching forth o'er mountain, plain and river, to hug home the wealth we were wont to ignore or to throw to the Northern winds. She is finding out that Hygeia has a habitation here, and our own Saratogas are springing into enviable existence. She is finding out that there is a real *necessity* for educating our youth at home, and at once the University of Virginia rises to eclipse even Yale and Harvard. Shall I say, then, that she has yet to find out that Southern physicians should not only be educated at home, but that the South is the best of all prepared to educate them?

But the hour admonishes me that I must close my address, and I propose to do so by offering you a few remarks in relation to the reciprocal duties of Professors and Students. I have already shown you that this Institution is no trifling little experiment of a parcel of niggards, who feel every desire to make money, who would fain feel the pecuniary pulse of the patrons of Medical Schools, and yet who would shrink from risking either labor or capital to attain their purposes. From its very incipiency it has been an enterprise of importance. Necessity was its mother, and energy and ambition have adopted the bantling, and have determined to give it a prominent position. You perceive that we have attained much in pushing forward our enterprise. We have even surprised ourselves in the results attained. Yet do not think we have traveled thus far o'er a smooth sea. On the contrary, be assured that we have had rather a rough voyage. We have had adverse winds and chopping seas. Sometimes even little hurricanes have overtaken us. But, thanks to an Allwise Providence, we have bravely buffeted against all these, and now sail merrily along towards the harbor of success. In our enthusiasm, we launched our craft without coppering her, and of course the little barnacles attacked her; but they have failed to sink us, and we smile at the gigantic task before them.

Gentlemen, it is the duty of the Professor and Teacher to be kind, courteous and always communicative to his pupils; it is his duty to labor unceasingly for their advancement in the arduous task before them; and it is his duty to know that he who receives from his hands the highest honor which can be conferred by the institution to which he belongs, is really worthy of that honor.

Those of you who have hitherto labored with us know well whether we have filled the measure of these duties; and those of you who have for the first time placed yourselves under our care have only to look around you to see the fairest evidence of our disposition to fulfill all our obligations. Still, we hesitate not to renew our pledges to you to devote ourselves to your advancement, "heart and soul."

But there are obligations on your part too, and these must be fairly fulfilled, if you would leave us perfectly contented. If you do not labor with us, we shall labor in vain for you. We bring you to the bedside, into the dissecting room, before the microscope, into the laboratory, that we may elaborate and explain what you read in your books. If you do not give us your undivided attention, we can be of little use to you. On the contrary, if you do your whole duty, we are willing to guaranty that you will go away satisfied. He who is called on to teach an inattentive and indolent pupil has an unsatisfactory and thankless task to perform; while he who walks hand in hand, along the intricate paths of science, with a pupil who is both ambitious and industrious, has a pleasant journey, and will be amply repaid for his labor.

You are all anxious to learn. Are you, at the same time, willing to be directed? Are you willing to be *lead* along the paths of science? If so, we extend you our hands. Come; you have mountains on mountains to climb; you have dark valleys to penetrate, and broad and deep rivers to span; yet despair not: we, too, are traveling that way, and we can help you on. Remember!

> "The clouds may drop down titles and estates,
> Wealth may seek us—but wisdom must be sought."

MEMOIR ON THE MEDICO-LEGAL EXAMINATION OF SPOTS OF BLOOD, BY MEANS OF THE MICROSCOPE.

By Dr. CHARLES ROBIN, Professor of the Faculty of Paris, etc., etc.

In all medico-legal researches, learned men have turned their attention almost exclusively to the chemical tests, and attached much importance to variations in the proportionate quantities of the different elements contained in the matters submitted to analysis.

This method could only give results so vague and uncertain, that no positive conclusions could be drawn from them. In order that medical science should not fail in its mission, when justice appeals to it for instruction and guidance, it is necessary that we should have recourse to other means than those furnished by chemical analysis, and mere external appearance of the spots.

With this hope we have made use of the microscope, and we can confidently expect from it the most useful results, as it has already cleared more than one point in legal medicine.

It may not be unnecessary to state for those who have not turned their attention to the recent applications of this instrument, that the microscope by its very physical construction shows, and can only show, what actually exists.

All organized tissues are composed of particles infinitely small, invisible to the naked eye, called anatomical elements, the well known characters of which enable us to distinguish them from each other at the different periods of intra and extra-uterine life. On the other hand, the various liquids of the animal economy contain certain elementary particles peculiar to them, and only visible by means of a high magnifying power, but they also carry along some particles of the mucous membranes over which they may happen to pass. Such are the many kinds of epitheliums which are constantly renewed, and which differ from each other accordingly in different regions of the body, thus allowing their origin to be easily recognized.

The structure and disposition of the anatomical elements of the body, being once known, they become an excellent means of deciding as to the nature of any of the tissues or liquids of the animal economy; and therefore it is, that an examination through the medium of the microscope, gives more positive results than other methods of investigation.

In fact, this instrument shows us the constituent and organized portions of those tissues, and not the reactions produced by their chemical decomposition, according to the method heretofore employed. The constituent particles of any body, whether of organic or vegetable origin, cannot be mistaken for the elementary forms of animal structure, whether we examine their form, their chemical properties, or their physical appearance; but their chemical analysis is far from offering the same absolute certainty.

The great advantage of microscopic examination, as will appear from the facts hereafter cited, is that however small be the quantity of matter submitted for legal investigation, it may nevertheless suffice for demonstrative evidence by means of the microscope. Thus, where chemistry would be at a loss for want of sufficient quantity to be operated on by its tests, there the microscopic examination would be perfectly satisfactory: such, for instance, as epidermic scales, or portions of fatty matter.

The application of this means of investigation has no other limits but those of nature herself, and every portion of the human body may thus be scientifically recognized: for blood, bile, meconium, fecal matter, vomiting, the brain, the skin, the muscles, fat, etc., have all their distinctive anatomical elements, which the microscope can recognize with unfailing certainty. Nor is it necessary to extend this enumeration of the possible applications of this instrument, for independently of the tissues of the body it may be most useful in determining the identity of any small portion of clothing, the nature of its texture, whether animal or vegetable, and numerous other problems, the solution of which is not only susceptible of the utmost accuracy, but will become comparatively easy for any one acquainted with the structural anatomy of plants and vegetables, by means of the microscope.

We hope that the application of this means to the particular case in hand, will illustrate still farther the nature and bearing of the preceding considerations.

The examination of the stains of blood is one of the most delicate questions in legal medicine. When chemical tests are used for this investigation, as has been the case heretofore, it is impossible to arrive at any certain or determinate result, but only a mere approximation, the most evident reason of which is, that chemistry examines the proximate elements of the blood, such as albumen and fibrine, and not the essential elements, such as the red and white globules. Microscopical investigation, combined with the different chemical agents, must offer, therefore, the highest degree of cumulative evidence, and the details of the following case will afford abundant proof of this assertion.

In the following pages we shall confine our attention to the description of the anatomical elements, which characterize the blood; but we must now observe that microscopical investigation of the different liquids, though sufficiently accurate, is not so absolutely certain as that of the tissues themselves of the human body. Their anatomical elements, though invisible to the naked eye, can yet be easily recognized by means of the microscope; on the other hand they are not so susceptible of decomposition as the liquids of the body, and have, moreover, distinct characters at different ages of intra and extra-uterine life. Thus it is that small portions of the fœtal membranes, of the placenta, of the deciduous membrane, of the clots formed in the womb, can all be easily recognized; that the beard, the hair of man, and other animals, the fatty tissue, the nervous matter, etc., can be easily determined, and these are the very cases in which chemical tests are most unsatisfactory.

Here is the text of the instructions directed to Dr. Salmon, Surgeon of the Hotel Dieu of Chartres, and myself, in the case of the murder of Louvet, by Gontier. [Extract from a Memoir published by Dr. Charles Robin, in the Annals of Hygiene and Legal Medicine, vol. xliv, p. 190.]

" *Whereas,* This blouse, soiled as it is, was seized eight days after the crime, has not been washed since the murder, and has retained several spots of blood, which the accused admits to be such.

Whereas, These spots of blood are found not only on the sleeves and front of this garment, but on the back, and that some of these spots, especially those on the sleeves and the shirt, appear to have been rubbed either with water or earthy matter.

Whereas, The accused has endeavored to explain these spots by saying that they were caused by blood which sprung from a duck killed in his presence.

Whereas, Although the circumstance which he invokes be not correct, and that the duck in question was not killed in his presence, it is important, nevertheless, to ascertain whether the spots of blood which are found on this blouse be really the blood of a duck, admitting the blood thus derived could have been projected in sufficient quantity to explain the numerous spots which exist on the sleeves, on the front, on the shoulder, and over on the back, and whether in the second place, it is not more probable that this blood may be proved by its intrinsic characteristics to be that of an old woman who was violently struck on the head by means of a sharp, and heavy instrument.

Whereas, In such a case the microscope is not used by scientific men as a means of accurate investigation. We therefore, submit the following questions to the two Doctors appointed as experts in the case:

1. Are the spots on the blouse, especially those of a dark color, with a brownish yellow appearance, really blood (and the experts shall not only say whether it contains the albuminous elements of the blood, but whether it be what really constitutes blood)?

2. Independently of the spots which appear like blood, even to the naked eye, are there not, on the blonse, other spots of the same nature, but not so dark, which must have been washed or rubbed with the intention of effacing them?

3. Are these spots of blood in such quantities and so differently situated that they cannot be explained by the splashing of a fowl killed in the presence of a man, wearing this blouse, and having his face turned towards the bird?

4. These elements of blood cognizable by the microscope, could they belong to a duck, which on being killed, may have thrown that blood in different directions?

5. On the other hand, are not these component particles of blood, such as belong to the human species? and if possible, designate the probable age of the person from whom they were derived.

6. If those spots be of human blood, may they not have been produced by the act of a person striking another with a hatchet or a spade?

7. The said experts will explain in their reply, their method of investigation, the guarantees, the security and accuracy offered by the processes they have adopted for the execution of their mandate.

Sec. II.—*Examination of the Spots by the naked Eye, and a simple Magnifying Glass.*—In order to answer the above questions we have proceeded as follows:

After having counted and measured the spots of blood, we found that they varied in size from a quarter of a millimetre to three and a half millimetres; their nature, viz blood, could be easily known by their color of a dark red, by day light, and of a brilliant black by lamp light, reflecting the latter with that peculiar vividness which is characteristic of spots of blood observed in those conditions. But this mode of reflecting the light from a candle or a lamp, is also a property of egg albumen of gelatine of gum, and probably of all liquids rich in albuminous principles. But the dark red color joined to this brilliant refraction of light is already sufficiently characteristic to guide us in the different methods of investigation.

All of these spots when examined by means of a simple magnifying glass, showed us a crust, slightly salient above the the tissue of the cloth; each crust was brilliant under certain directions of light, but dark and opaque at other angles of inclination. These crusts were so very thin that it was impossible to appreciate them by the naked eye; they measured from one to two millimetres in length.

The smallness of the spots, the thinness of the crust by which they were formed, soon satisfied us of the utter impossibility of using the tests employed for an examination of the coloring matter of the blood, and its albumen, in order to decide as to their nature.

But the small slack crust on the tissue of the blouse allowed us to decide positively as to the existence of the essential particles of the blood on each of the spots, respectively, notwithstanding their small extent. Those which reached the size of three millimetres and a half, were divided into two parts, by cutting the cloth in order that each portion might be submitted to a comparative examination by somewhat different methods.

§ III.—*Examination by means of the Microscope of the Spots whose appearance to the naked Eye afforded sufficient presumption of their being Spots of Blood.*

With a certain number of the spots of which we have given the external characters, and after having divided into two parts the largest of these, as above related, we proceeded in the following manner:

We cut into slips the cloth on which were seen two of the spots as above described, and immersed it during six or eight hours in pure water. To do this, the lower extremity alone of the strip containing the spot was plunged in water until it approached within two or three millimetres of the spot itself, which was out of water, but resting against the upper portion of the capsule holding the water. The fluid soon rises by capillary attraction up to the spot, and swells the material of which it is formed.*

As soon as the spots were sufficiently distended, we took them off by slightly scraping the cloth with a scalpel; we then placed these scrapings in a drop of the same water previously disposed on a piece of glass, as is generally used for examining objects under the microscope. By means of the ordinary needles used for microscopic preparations, we separated the substance of the crust, which was now of a higher red than in the dry state, and we covered the preparation thus disposed with a thin lamella glass, as usual in microscopic investigation. After having thus settled these preliminary arrangements we placed the preparation under the objective of a microscope magnifying 514 diameters, by means of which we recognize the following facts :

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*This process must be used whenever we have to examine similar spots, whether suspected of containing spermatic fluid, vaginal nasal or urethral mucus, meconium or fecal matter. See Memoir, by Charles Robin and A. Tardieu, on the microscopical examination of spots formed by meconium or fœtal ceruminous substance, in Annals of Hygiene and Legal Medicine for 1857.

The liquid thus prepared, contained various fragments of the crusts found on the suspected spots, and distended by liquid. These fragments were irregular, some of a greyish appearance, and the others somewhat more colored than the preceding particles.

It was also evident that the liquid around these particles, had taken a reddish tinge, similar to that derived from a dissolution of the coloring matter of the blood. The portion of liquid thus colored formed a red zone of various dimensions around each of the fragments placed under the microscope.

Lastly, both in the liquid thus prepared, and in the very substance of the fragments derived from the spots, delicate microscopic filaments could be seen as if twisted upon themselves, and offering all appearance of cotton filaments; they were all of an indigo color, and contrasted with the pale red color of the liquid.

By adding water while under the microscope to these fragments or crusts of blood, and even before this addition, we could easily ascertain that the fragments now swollen by water were principally composed of fibrine, and secondarily of some of the white globules of blood.

The facts of which we shall next speak could be ascertained :

1. By making use of pure water to swell the spots which were found on the two last strips, out of the four we had taken from the blouse.

2. Or by scraping the small crust as seen under a simple magnifying glass, and receiving it either in the shape of dust or small fragments under the ordinary glass object carrier.

By proceeding in this manner, we found that water discolored the spots or the substance taken up by scraping; that the latter takes a greyish hue, and swells up a little; the water, on the other hand, becomes slightly red, takes up the coloring matter of the red globules of blood, dissolves the colorless elements, and leaves after this action no visible particles behind, such as nucleus or granulations.

When the fragments of the spots thus discolored are separated and broken up by the microscopic needles, and then examined under the microscope, it was found that they were principally formed of a transparent substance, slightly greyish, and finely granular. Moreover, the fragments of this substance, when placed under the microscope, revealed manifestly an arrangement of fibrils with their filaments, straight or slightly waving, intersecting each other, sometimes detached and floating on the sides of the fragments examined.

Having treated these fibrils by acetic acid, they became extremely pale, swelled somewhat, lost their characteristic fibrillar appearance, together with the fine granulations which were scattered through them. Thus from the stricted and minutely granular state, they took a homogeneous, transparent and gelatinous appearance.

These attributes are well known to be characteristic of the fibrine of blood, and this appearance is so constant that anatomists can always recognize that important element of blood.

Thus the texture of the smaller crusts or spots submitted to our investigation was entirely composed of fibrine, just as the clot of blood, drawn by venesection, represents one of these crusts on a large scale, being formed entirely of fibrine, holding in its meshes the two other solid elements of the blood, the red and white globules of blood.

§ V.—*Characters of the white corpuscles of Blood retained in the fibrine of the crusts.*

In each fragment of these crusts thus placed under the microscope, the fibrine of which it was composed, after it had been deprived by water of the red globules retained during coagulation, contained several white globules of the blood.

In the substance of this fibrinous texture which we have just described, we found transparent globules of a greyish color, round and finely granular, having from 8 to 10 thousandths of a millimetre in diameter. In the centre of several of these could be seen one or two small nuclei, greyish, and irregularly spherical or oval, having from three to four thousandths of a millimetre in diameter. Now, such globules in the midst of a fibrinous substance could only be derived from the blood; and, by adding acetic acid to these corpuscles, we discovered all their characteristic reactions.

We saw the acid gradually rendering each corpuscle more and more transparent, and while swelling these a little, it also destroyed the fine granulations of these globules, and revealed more plainly their nuclei. These soon appeared, two or three in number, and sometimes four, situated towards the centre of the globule, being sometimes near each other in a triangular form, semi-circularly, or one above the other. The acid rendered the edges of these nuclei much darker, more easily seen, precisely as took place in fresh blood examined comparatively: the globules of the blood were also slightly more irregular than they would be from the simple effect of water.

The white globules of blood, whose fundamental characters we thus recognized were sometimes isolated and disseminated in the fibrinous substance of the clots, sometimes they were contiguous, three or four, and even more being united together side by side.

§ VI.—*Special examination of the red globules of the Blood contained in the fibrine of the spots, or adhering to the filaments of the cloth.*

Availing ourselves of the fact that a mixture or solution of different saline substances has the property of preserving the red globules of blood, and restoring them to their original softness after having been dried, we accordingly used these liquids, the advantages of which we had already learned from experience. These liquids are prepared in Paris, by Mr. Bourgogne, who is celebrated for his skill in preserving microscopical preparations; but, as a substitute for it, a concentrated solution of sulphate or phosphate of soda, with an addition of ten to fifteen per cent of glycerine, may be used in its stead.

The following is the process by which we succeeded in discovering the characteristic red globules of blood in the spots submitted to our examination. We operated successively on three spots, the diameter of which was from a half millimetre to a millimetre in width. The first set of preparations was made by scraping the slight crust of each spot in a drop of liquid. Covering the whole with a thin slip of glass, we allowed these small dark particles of crust to remain in the liquid during twelve hours. During this maceration, no other precaution is necessary than to protect the preparation from dust, for the liquid being slightly hygrometric, does not evaporate. At the end of this time we perceived that the small particles of crust which were plunged in the liquid had swelled and become more transparent, at the same time that they were of a brighter red than at the commencement of the operation. They had resumed, in fact, all the characteristic color, transparency, consistency and elasticity, which are peculiar to the small masses which are formed under the microscope by the accumulation of the red globules of blood.

By delicately moving the thin plates of glass over each other, an operation familiar to those accustomed to the use of the microscope, we succeeded in detaching from the mass a sufficiently large number of the globules of which it was composed. We were then enabled to observe the characteristics of these globules with as much precision as on fresh human blood.

Each globule had very nearly resumed its original form of a flattened, bi-concave disk. Some, however, still retained the polygonal form, which was due to the compression exercised during their agglomerated condition; others were concave on one side, as in the normal state, but they were convex on the opposite side, as usually happens when the globules of blood are placed in a solution of the sulphate of soda or potash. They measured from six to seven thousandths of a millimetre in width, sometimes a little over; which is the usual size of blood corpuscles. They had resumed their usual reddish yellow tinge, also characteristic of those elements of blood. And lastly, by adding to each preparation one or two drops of acetic acid, we saw these globules gradually becoming paler, until finally they were dissolved in the same manner as those of fresh blood under the same chemical action.

In the preceding examination we were enabled to hasten the swelling and separation of the red globules entering into the composition of the crusts, by adding a little water to the alkaline liquid which we had before employed. For, the real object of this liquid is to preserve the elements of fresh blood, and its action on those which have become dry is accordingly slow and sometimes incomplete; but the addition of a small quantity of water, which can be introduced by capillary attraction between the two slips of glass containing the preparation, hastens the separation of the globules, without depriving them of any of their characteristic attributes.

The second series of preparations made from the three previous spots, was executed in the following manner: After having removed the crust from their surface by scraping, there still remained a small spot paler than the other, without any elevation above the tissue of the coat, but having the same form and size as the crust itself. Now, by cutting the surface of the spot thus stained, either with a pair of scissors or a sharp bistouri, and afterwards separating the filaments in a liquid similar to that used for the first preparations, we then allowed the separated filaments to macerate in this liquid. At the end of the same period of time we examined the cotton threads as they appeared in the liquid, and could recognize those characteristics of form and volume presented by the filaments of cotton above described; we also recognized the blue tint of indigo with which the cloth had been dyed, and we, moreover, ascertained that many of these filaments, for a part, or their whole length, were covered with a single coating of red blood globules, or by small red masses formed by the globules of the same kind accumulated and adherent to each other.

We succeeded even more easily with this preparation in separating the red globules of blood, and removing them from the surface of the cotton filaments, by the same process of sliding the glass plates over each other; and their characteristic flattened, bi-concave shape, the peculiar color, and reactions with acetic acid were then clearly shown.

Moreover, on most of the filaments we could recognize the globules before they were detached; they appeared somewhat polygonal in shape, by mutual pressure, but they retained their usual size and color, as they formed a coating on the surface of the cotton filaments.

Sometimes the blood corpuscles could be seen on one of their surfaces, sometimes they presented themselves edgeways, at other times they adhered to the filaments by a portion of their surface, while the other projecting outwards, showed a round and flattened disc. Here, again, there could be no doubt: these were evidently red globules, an element which is only found in the blood of a mammiferous animal, being quite different from those of a duck or any other bird. This conclusion was again strengthened by adding an excess of water or a small quantity of acetic acid to the preparation placed under the microscope, for this agent soon destroyed the red globules which were adherent to the cotton filaments. Those which had been detached, together with the irregular masses formed by these globules, found here and there between the filaments, were seen, as in the normal state, first to swell, and become somewhat paler, and then gradually to disappear as they were dissolved by the liquid.

§ VII.—*Examination on the same spot of Blood:* 1. *Of the fibrine and white Globules.* 2. *Of the red Globules.*

We proceeded in the following manner with the other spots of blood, one of which was circular, of the size of one millimetre, the other oval having the same width as the first one, and two millimetres in length.

The crust, of a brownish red, was used for a first series of preparations. For this purpose it was placed for some time in pure water, after having been obtained by scraping: it was there allowed to remain until almost all its color disappeared, and it was then separated with the needles in the manner before described (See Sec. III). We then examined it with a microscope magnifying 514 diameters, and recognized in those discolored fragments all the characters of fibrine on the one side, and on the other, those of the white globules of blood, such as we have described them above.

We proceeded with these fragments of a brownish red, as with those of the other spots, and found, as we expected, the same corpuscles retained between the meshes of the fibrinous net work. Some of these pieces were placed in the same preservative liquid we used before, and there they retained their red color, and became slightly swollen; but on adding an excess of water in one of the preparations, and a small quantity of acetic acid in the other, these liquids being introduced between the two plates of glass by capillary attraction in the manner above described, the fragments were seen to swell at first, and gradually become paler, until finally they were dissolved under our very eyes. Those which had been treated by water alone, left behind them a thin fibrinous net work surrounded with a circle containing a liquid of a pale yellowish red derived from the coloring matter of the blood dissolved in water.

The small red spot which remained beneath the crust after the latter had been taken from the surface of the cloth, and presenting, therefore, the same form, enabled us to prepare two other specimens; but as the object of these preparations was to examine particularly the red globules of the blood, and not to destroy them with a view of observing the fibrine and white globules, we proceeded otherwise than before. We therefore used the preservative liquid whose composition we have already given. With a sharp bistouri we scraped away the stained cloth, and then separated these particles in the alkaline liquid, and we examined the filaments under the microscope after having suffered them to remain for some hours in this same liquid, either pure or diluted with about a tenth part of water. We then recognized the red globules adhering to the surface of the cotton filaments in the manner we have described above (See Sec. VI).

By again gently moving the two surfaces of glass, one over the other, we could separate some of the red globules from the cotton filaments, and we could thereby ascertain these peculiarities of form, such as the round and bi-concave disposition, together with the volume, the color and chemical reactions which we have before described.

It will thus be seen that, by means of the microscope, a single stain can be made to show the existence or absence of the three elements which are especially characteristic of blood. The superficial crust will show the characteristic forms of the fibrine and white globules of blood, while the threads of the cloth immediately beneath and into which the serum of blood carries the red globules, must be used to demonstrate the presence of the red corpuscles.

§ VIII.—*Appearance of the corpuscles in the stains formed by the Blood of a Duck.*

In order to answer the questions propounded to us in the above commission we caused blood to fall in drops on a blue cotton cloth from the carotid arteries of a duck, by cutting its neck. We left these spots during fifteen days in a dry place, at the ordinary temperature during the month of January, 1857, and we then proceeded to examine them by following exactly the same method observed for the examination of the spots of blood found on the blouse of the accused. By putting the small crusts detached from the spots which were formed by the blood of the duck, in contact with the same alkaline conservative liquid before described, we obtained, at the end of a few hours, a certain number of flattened, oval globules, at least double the size of those of man, and having in the centre a small oblong or void nucleus, quite as characteristic of the blood corpuscles of birds, as the lengthened oval shape of the corpuscles themselves.

It is important to observe that the central mark which is seen on the red globules of human blood, and which indicates a central depression existing on both sides of the disk, rendering them in a word bi-concave, is less marked on the globules which have been dried and then softened, than in the fresh state. So that these anatomical elements, after having been softened and separated in the blood stains, do not assume their former bi-concave form, at least not in so well marked a manner as at first. But this circumstance does not prevent them from being recognized by persons familiar with the appearance of the human blood in different conditions.

This small nucleus soon became apparent with clear and distinct outlines under the action of water, and an excess of acetic acid, for these agents constantly produce this effect, by dissolving the body of the globule which has a reddish appearance, but leaving entire the greyish nucleus.

The small crust detached from the stains of the duck's blood were afterwards put into water, and we observed them becoming gradually discolored with a greyish appearance, they likewise remained for some time surrounded by a circle of a pale red color, derived from the coloring matter of the blood corpuscles, dissolved from the small particles thus treated. When this discoloration had taken we did not find the same fibrinous net work, which was manifest in the spots of blood supposed to proceed from the body of a woman. Nothing remained but a considerable number of oblong nuclei of a greyish color, and that which is peculiar to the blood globules of the duck. These nuclei were five or six thousandths of a millimetre in length, by about half of this size in width and thickness. These nuclei were exceedingly close to each other, being for the most part stuck together by a small quantity of colorless matter, in which the characteristic shreds of fibrine could scarcely be seen. Acetic acid immediately darkened these nuclei, their edges became better defined and somewhat black; at the same time they became more contracted and irregular, as is habitually the effect of this chemical agent on the fresh blood globules.

It was impossible to see the white globules among the mass of nuclei remaining after the action of water and acetic acid on the fragments of the crusts formed by the blood of the duck.

Thus, the oval form and the volume of these globules which was nearly double as compared to those found on the stains of the garment belonging to the accused; the absence of nuclei in the latter, which is always the case in man, while the presence of ovoid nuclei being constant in the blood of all birds, these characters preclude any possibility of the spots on the blouse being formed by the blood of a duck or any other fowl.

These characteristics enable us easily to recognize human blood in one case, from the blood of the bird, on the other hand, without any possible mistake, for the circular flattened form with no nuclei is as constant in the blood globules of man after the intra uterine period, as the oval flattened form with an oblong nucleus in the blood globules of birds. Moreover, the difference caused by the almost complete absence of the fibrinous shreds in the blood of birds, whilst that of a man contains a large proportion of this substance; the small number or complete absence of white globules in the blood of the first, when compared to their abundant existence in the stains derived from human blood: these are distinctive marks which, though secondary to the first, have yet sufficient value to be attentively examined and noticed in medico-legal researches.

It may not be unimportant to state that these investigations are among the most delicate which medical jurisprudence may require at the hands of the Physician; for these distinctions though satisfactory, and convincing to one accustomed to microscopical research might not appear equally so to the uninitiated.

[To be continued.]

ON THE MODE OF VISION IN CASES WHICH HAVE BEEN OPERATED ON FOR UNILATERAL CATARACT; AND ON THE QUESTION, WHETHER IT IS ADVISABLE TO PERFORM UNILATERAL CATARACT OR ARTIFICIAL PUPIL OPERATIONS WHEN THE OTHER EYE IS HEALTHY ?

BY DR. A. V. GRAEFE.*

The objection that, when the diseased eye has again recovered its visual power, the difference of refraction would prevent any common act of vision; and hence, that, even the best success of the operation for cataract in one eye, the other being healthy, in no way benefited the patient, has been in many ways removed; even important injuries and disturbances have been feared from such operations; that the dissipation-circles of the hyperpresiyopic (operated) eye might cover and confuse the clear images of the other, in which case the patient would be compelled either voluntarily to close one eye, or, by a muscular contraction, to bring it into a squinting position.

Now, since in a very large number of cases (more than 50) where I performed the operation for cataract on one eye, the other being healthy, I essentially traced none of these evils; it became in a certain manner my duty, accurately to determine the *rôle* which the operated eye plays in a common act of vision. It now appeared that the relations were extraordinarily various.

1. In a great number of cases, the picture, which depends on the operated eye, will be excluded from perception when both eyes are opened; as, indeed, also frequently happens when the refractive powers of the eyes are different. For this the proof is afforded by no absolutely sharp fixation in the accommodation and associated motions being induced in the operated eye. An absolutely sharp fixation is, indeed, connected with a perception of the retinal impression, since the feeling of muscular contraction can only approximately regulate the position. Hence we find that all individuals, who only employ one eye in the visual act, direct the second eye only to a certain extent†, and for certain positions of the object in view; while, for other positions less easy to the mucles—for example, in forced

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*From the Archiv fur Ophthalmologie, Band II. Abtheil. II. s. 177. Berlin, 1856.

†The proof lies in the variation of position, which occurs in this second eye, when the eye used in the visual act is closed. This variation is often very small, only to be determined by great attention or telescopic observation, and whose direction cannot always be at once determined, because short, in some degree seeking, motions in opposite directions succeed one another before it arrives at fixation.

approximation of the object, or in looking upwards, it visibly varies from its proper position. Still more accurately may this exclusion of one eye from the visual act be recognized; in that by holding prisms before it, we obtain neither double images nor a deviation of the visual axis. But one of these cases must take place, if the retinal impression of the one eye were melted with that of the other in a common impression; either, the former position being preserved, an eccentrical image would arise (and then separate itself as a double or accessory picture from the common impression), or by an arbitrary change of the position of the eyes, the refractive action of the prism must be so counteracted, that the refracted ray of light may fall in the direction of the visual axis, and therefore on the macula lutea. If neither of these conditions occur, we may conclude that an active participation of the second eye in the qualitative perception does not take place. The absence of perception of the images, which proceed from the operated eye, will induce some dullness of this eye, and the relations will be just such as occur in so many individuals who, on account of differences in the powers of refraction, or abnormities in the refracting media, or one-sided weak sight, only employ one eye for perception. The excluded eye becomes to a certain extent dull, as a consequence of disuse; but this will yield to a methodical separate exercise, or spontaneously when the previously healthy eye is rendered blind by some accidental affection.

This form of unilateral weak sight is, indeed, well known to every ophthalmic Surgeon ; still it deserves to be brought prominently forwards, because in our daily practise we hear only too often therapeutical and prognostical errors in regard to it. Thus it happens, to keep myself to one of the most frequent examples, that individuals have one eye alone affected with a slight corneal opacity, but with a degree of weak sight quite out of all proportion. If the diseased eye is exercised either by itself, or with proper convex glasses, the visual power is again restored to a certain extent, obviously without the corneal opacity having undergone the slightest change. If now any medicines have been accidently applied, the improvement obtained will not unfrequently, though erroneously, be attributed to a clearing of the cornea. The relationship is here, that the corneal opacity, through weak sight caused thereby, or on account of differences in the refractive power (*e.g.* through increased arching of the cornea), or owing to the dissipation of light accompanying it, was the original cause of the exclusion of the eye from the common visual act; and that this exclusion in its turn caused an increase of the weak sight. Therefore, exercise of the affected eye will restore the visual power, so far as is compatible with the corneal opacity. What is true of corneal opacities, is equally so of opacities of the lens, amblyopias of the most various kinds, differences of refraction, in short of all relations which lead to the exclusion of one eye. Besides, we must remark that this weak sight, resulting from disuse of one eye, *per se*, separated from the material disturbances which have caused it, never tends to attain a high degree, and that the conductibility of the retina remains perfectly intact. Never ought we to consider amaurotic amblyopias, where only the coarsest objects can be discerned, and with convex glasses letters can no longer be recognized, as entirely the effects of disuse. An exception to this rule could only occur when the exclusion has taken place during the earliest years of life.‡ The integrity of the conductibility of the retina is shown by:—

1. The field of vision being undiminished in extent.
2. The eccentric vision, relatively to the central, having preserved its clearness, or having rather somewhat increased.
3. The disturbance depending only on an increase of the visual angle being necessary for recognition; hence that recognition increases proportionally to the increase of the visual angle. On this is based, as is generally known, the beneficial influence of convex glasses in amblyopia from disuse, whereby we must naturally abstract from complications with accommodation diseases. The symptoms of an unaltered conductibility of the retina are exceedingly important in regard to the amblyopia resulting from disuse; for, though they do not diagnostically characterize the latter, but yet occur in other forms of disease, they still afford clear marks of distinction from many groups of amblyopia. The weak sight of the squinting eye cannot simply depend on disuse, because immediately after tenotomy a considerable improvement often occurs; but that the exclusion has a considerable share in this form of weak sight cannot, on the other hand, be doubted, in that we can obtain some improvement of the visual power by proper separate exercise of the squinting eye, without any alteration of the strabismus.

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‡I have touched on this subject once before (A. F. O. Bd. I. Heft. 1 S. 329), and noticed the difference between the exclusion of one eye, *e. g.* in unilateral cataract, absence of light, closure of the pupil, etc., and exclusion (from the perception) with images formed on the retina. I then concluded from a cataract case, which, after being sixty years matured, had been operated on by extraction, that the former cause created very little or no dullness. I could now add many cases of cataract, of forty to thirty years' duration, in which the relations of vision were just similar.

Far more interesting relations appear in other cases of unilateral cataract operation, namely, where the affected eye is cotemporaneously employed with the other in the usual act, without any inconvenience perceptible to the patient originating from the enormous difference in refractive power. I have repeatedly observed this in young individuals, who had one eye blinded by soft cataract, and again restored by linear extraction. Already in rough trials I had found perfectly sharp fixation, even with the greatest approximation of the object. The participation of the operated eye in the visual act was most clearly shown by an accurate trial of the criteria already mentioned. In all positions of the object in view was the operated eye in fixation, for not the slightest displacement of the visual axis occurred, when the healthy eye was closed. Every doubt, which might still remain, from the difficulty of perceiving slight contractions, was perfectly satisfied by the application of prismatic glasses. If a prism between six and ten degrees, with the basis outwards, was held before the operated eye, so as to let it fix a light many feet off, the light appeared to the patient single, but there immediately occurred under the prism a converging strabismus; the prism being removed, the visual axis receded outwards to its former position. If a prism between ten and sixteen degrees were taken, and held in the same way with its basis outwards, the light being at the same distance no arbitrary strabmisus occurred, but the patient saw direct (gleichnamige) double images, whose distance corresponded, under these relations, to the refractive power of the prism. If the light was brought nearer, to from ten to six inches, the prism being in the same position, the double pictures could be brought together, during which process a considerable arbitrary strabismus internus was determined; if now the light were again removed, the single vision could be preserved, as far as a limit varying from two to ten inches,§ according to the angle of the prism, whereupon double vision again arose and as the images separated, the visual axis receded outwards from its squinting position. If the prism were placed with its basis inwards, instead of outwards, even a very weak prism (four to six degrees) caused a divergent strabismus, stronger prisms double vision with crossed images; even the weakest prisms, applied with the basis downwards or upwards, immediately educed double pictures standing one upon the other. Hence not the slightest doubt remained that in these cases the picture of the operated eye was united with that of the healthy one in a common perception, a fact which, with such a difference in the powers of refraction, of course appeared somewhat problematical. The circle of dissipation, which is afforded by the operated eye, must, in relation to the sharp vision of the healthy eye, be so diffuse, that we can scarcely understand, how a common act of vision is possible without disturbance of the visual acuteness. Besides, all the advantages of common vision were developed in these cases; above all things, a very sure estimation of distance and bulk, which disappeared when the operated eye was closed.

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§The measures are throughout German.—Trans.

This fact is a fresh proof, how much the judgment influences the visual act, and how it can disregard imperfections. The punctum cæcum, oblique double images, etc., are treated in the same way. A somewhat similar condition is found besides in the common cases of different refractive powers in the two eyes; here also sharp images never arise on both sides.—Even then, if the reach of accomodation partially coincides with that of the other eye (the furthest limit of the short-sighted eye being more distant than the nearest limit of the far-sighted eye), still in binocular vision such a condition of accommodation is never found. There is right between the impulses of accommodation an extraordinary sympathy of the two eyes, and this cannot, with the design of obtaining equally sharp pictures, be so interrupted that one eye is accommodated to the region of its nearest limit, the other to that of its most distant limit. Experiments also prove that the conditions of accommodation under such relations of the two eyes are always different, and that invariably only a single eye affords a sharp image. By closing this eye, a perfectly exact direction of the refractive media occurs in the second for the first time, as in part proved by the subjective sensation of the patient, in part by objective appearances, especially a change in the direction of the visual axis of the covered eye (Vid. A. F. O. Bd. ii. 1, S. 167). In spite of all that, in a considerable number of such cases, both eyes actually join in common, in the visual act, and the disturbances as the dissipation-circle of one side are therefore suppressed as in the case already mentioned.¶

That the different illumination of the images does not exclude the common use, is a perfectly settled fact, which still is not so strange as the point about which we have been speaking. On the contrary, the compensation of the refractive powers by proper glasses, possible in many individuals with different accommodation, furnishes an analogon. To-wit, if we place a myopic eye, by the addition of a concave glass in the same refractile condition as a second normally refracting eye, still there will always be a difference in the size of the retinal images of the two eyes. In accordance with dioptrical laws, the intersection-point of the rays (*knoten punktregion*) will lie nearer to the retina in the eye combined with the concave glass, and hence the pictures will be smaller. Inverse will be the relation when a presbyopic eye, by combinations with a convex glass, gains normal refractive power; the point of intersection will then lie nearer to the cornea than in the healthy eye, and therefore larger images be formed. Notwithstanding these differences, which by calculation seem to be not very important, a compensation is occasionally possible, even in individuals, one of whose eyes carries a convex, and the other a concave glass; again showing the patience of the visual act with inaccurate optical relations. Besides we may here remark, that such a capability of compensation does not so generally occur as many Physicians, and especially spectacle-makers, think. We are very often convinced by accurate investigation, that notwithstanding appearances, still, only the impression of one eye is used in vision. In very many patients, the different size of the images creates such disturbance that we are obliged to resign the idea of compensation, and in practice prefer the unilateral use, with separate exercise of the excluded eye.

¶We know very well that, besides this set of cases, another certainly still more numerous occurs, where, with differences in the refractive powers, one eye is excluded from the common visual act; and hence the relations are divided just as after unilateral cataract operations.

Let us now turn from these physiological facts to the practical question: What should we think of unilateral cataract operations? If afterwards we could reckon on a common use of the eyes, there would result to the patient the great benefit of a safe valuation of distance and bulk, properties chiefly dependent on binocular vision.

My observations, indeed, are not yet sufficiently extensive to determine numerically how often after unilateral cataract operations a common use of the eyes occurs, and under what more special relations we may have the greatest expectations of this result. In many young individuals operated on by me for unilateral cortical cataract by linear extraction, I found the the same relations of binocular vision. In older patients I have found it once only, but must at the same time admit that opportunities very seldom occurred, for I did not willingly perform a flap extraction, and never a reclination on a single eye, the other being healthy.

Let us now, till statistics furnish a more accurate determination, regard the occurrence of binocular vision as a happy exception, and consider what advantages generally ensue to the patient from unilateral cataract operations. The first is the cosmetic improvement. This would only induce us to perform a perfectly innocuous operation, *e. g.* a linear extraction in young individuals, who by their visible monocularity are often essentially impeded in their careers. Thus even in amaurosis from retinal separation, I have performed the linear extraction of the consecutive cortical cataract. Secondly, the widening of the field of vision, a very important advantage, because with it are connected a power of far freer observation, and a symmetrical position of the head. Thirdly, though not constant, a certain increase in the energy of the visual power, which I have already mentioned in regard to the squinting eye, and about which I shall still have to make a few remarks, when treating on unilateral artificial pupil.

In consideration of these benefits, no man would declare himself opposed to unilateral cataract operations; if, on the other hand, certain considerations had not arisen, which must now be more closely investigated. Such are immediately founded on the uncertain success of cataract operations. In young individuals this consideration is of no value, because we consider the happy removal of the cataract as almost certain; this is equally true of properly moderated discisio per corneam, and of linear extraction; both, when clearly indicated, are free from accident. But in more elderly persons, where, owing to the presence of a hard lens-nucleus, the methods of operating just mentioned are virtually excluded, and it is quite a matter of flap-extraction *versus* dislocation of the lens; the result is always more or less doubtful. We shall sometimes have after flap-extraction suppuration of the flap, after reclination irido-choroiditis. In the case of restoring sight to the perfectly blind, these accidents are not considered as contra-indications, because they are quite over-balanced by the favorable chances, especially in extraction. But if, on the contrary, the question be only about a single blind eye, even in the most favorable case the benefit of binocular vision is incomparably little when compared with the restoration of sight altogether, and hence every unfavorable chance will relatively weigh very heavily in the scale. Reclination should here be entirely proscribed, for cases occur, in which internal inflammations after reclination lead to morbid processes of the healthly eye, just as irido-choroiditis after penetrating foreign bodies sometimes induces a sympathetic affection of the other eye. It is true that these cases are rare, so rare that experienced practioners have denied their occurrence. I myself have seen four such cases in the practice of others; in one case irido-choroiditis broke out immediately after the performance of unilateral reclination; in the others, from three weeks after to months, in clear connection with exacerbations of the chronic inflammation in the operated eye. Now, even if destruction of the operated eye, early performed, should prevent the ruin of the second, in the same way as in traumatic irido-choroiditis, still the simple occurrence of a sympathetic affection in the second eye, however rare it may be, is sufficient to condemn reclination in one eye, the other being healthy. Even without any actual material disease of the second eye, the tedious internal irritation of the one operated by reclination, often quite prevents the use of the sight; and in this case also the patient suffers great inconvenience. In this respect it is different with extraction. I have never seen accidents arise in the second eye through suppuration of the flap, and so far as I am aware, at present no other result has been found by any observer. The mischances of extraction are therefore limited to the eye operated on; even the most unfavorable result will never lead to tedious internal inflammations, which annul or constrain the use of the healthy eye, as happens in reclination. Hence the unilateral flap-extraction is, in general, not advisable with a second healthy eye, because in practice the advantages are not found to be in a favorable ratio to the mischances, while unilateral reclination is most definitely to be abandoned. The former may seem, indeed, admissible under certain circumstances; thus when patients through the idea of being monocular, of becoming blind in the event of double disease, etc., are morally very depressed, and through thinking the possible occurrence of suppuration of less value than the existing blindness, earnestly beg the Surgeon to operate. Other imperfections have been expected to occur after the fortunate restoration of the cataractous eye. It has been at once feared, that the different powers of refraction would essentially interfere with the duration and constancy of vision. This effect I have never found in more than fifty unilateral cataract operations. The patients could work at least as well, and for as long a period as before.

Secondly, dazzling of the operated eye by clear light has been pleaded; this I have observed in perhaps a fourth of the cases during the first few weeks or months. But it always yielded spontaneously, and therefore deserves no further consideration.

Thirdly, squinting of the operated eye has been feared. I have seen only two such cases in a cosmetical sense, *i. e.* a striking aberration of the visual axis developed; and indeed already perceived it during the weeks immediately following the operation. We find the same relations here as are general in strabismus with different powers of refraction. Strabismus may thence originate, but is by no means a necessary consequence, because both a common use of the variously refracting eyes, and a suppression of one ratinal impression, with an approximately proper position of the affected eye, can occur. If now we mention, passing over the rarity of this result, that a strabismus dependent on varying refractive powers can still be cured by tenotomy, though its causes persist: further, that strabismus commonly enough occurs in these cases, without any operation having been performed—certainly the practioner ought to find here no contra-indication.

Fourthly, hints are thrown out of double vision, caused by a slight anomaly of one eye, through the disturbing circles of dissipation. This also is by no means common; I have only observed it thrice. In two of these cases it was explained by a convergence of the cataractous eye, which had existed previously to the operation, and which spontaneously ceased without any important deviation ever having been developed. By means of a red glass held before the sound eye, double images could be seen at a later period, and almost at their original distance. Here we have the occurrence which is so common after strabismus operations, where the direct double images, proceeding from a slight pathological convergence, are soon quite overlooked, a suppression of one image being indeed induced. There occurred in the third case crossed double images, corresponding to a slight divergence of the operated eye. I am unable to say whether this divergence existed previously to the operation or not, because every criterion for an exact position is naturally wanting, when the visual act cannot be performed. This double vision proved very obstinate, and still troubled the patient eight weeks afterwards.

No astonishment will be felt at this, if what I have elsewhere explained about the difference of crossed and direct double images is remembered. As to this point, I can only support my former assertions by fresh examples; thus I found some cases where I could artificially educe crossed double images, while in direct a suppression immediately occurred. Cases operated on for strabismus, where the binocular convergence only proceeded over a very limited region, very often produced spontaneously the crossed double images, arising in the median plane by great approximation of the object; while the direct double images, to be suspected on the further side of the limits of convergence, were with difficulty to be educed even by colored glasses. Besides, healthy persons, who try their physiological double vision, more easily perceive the crossed than the direct double images, and by the former are at times more confused, rendered dizzy, etc.

Now since the use of prismatic glasses proved that a blending of the two impressions did not in general take place, I changed by a tenotomy of the externus the crossed double images into direct, (naturally with a moderate mutual distance so as not cause a visible strabismus convergens), and then the double vision, as in the former cases, rapidly vanished.||

Fifthly, it might be maintained that by the suppression (physically taking place), of the ratinal impression of the operated eye, its vision would become still weaker than if the influence of the light was entirely excluded. After what we have already said about weakness of vision from disuse, we ought not entirely to reject this argument; still it is easy to oppose it by separate exercise of the operated eye with convex glasses.

From all this we may conclude that, *in summa*, a cataract operation on a single eye affords important benefits, but no considerable disadvantage, and is therefore always indicated, when success can be calculated on with certainty.

The question is, of course, quite different, when the second eye is not perfectly healthy, but likewise in an advancing cataractous condition. Methods of treatment will then be at once indicated, though their success cannot be considered perfectly certain. We must obviously esteem it a great benefit to diminish the time, often so depressing to the patients, during which, through loss of their sight, they lose more and more their dependence.

We need only consider that the operation acts in no way injuriously on the still-seeing eye, and hence, under these circumstances, I would never advise reclination; on the contrary, it is my usual practice, if it agrees in other respects with the wishes of the patient, to perform the flap-extraction on one eye when the cataract in it is mature, but in the other still only in process of development. The chances of the operated eye depend in no way on the vision of the other; and we might wish for such a successive development of the disease in the two eyes to take place, so as to be generally able to follow this process. Unfortunately, such is not the case; the period of maturation of senile cataracts, during which the vision is already almost gone, but the cortical masses yet imperfectly troubled, frequently lingers so long, that the cataract becomes first operable in the eye earliest affected, when the patient possesses only the slightest vision with the eye last diseased.

||I was interested by a number of cases where a divergent strabismus clearly existed before the operation, and gradually disappeared after the restoration of sight, the double pictures at first seen being driven into one another by a more powerful action of the rectus internus.

As a conclusion, we will add some considerations on coremorphosis in a single eye, the other being healthy. Similar objections have been made to this as to the unilateral cataract operation; and although they have now been combated from many sides, especially by Desmarres, still I may submit my decisive results; for, under these relations, I have made more than three hundred artificial pupils, and have not neglected to study the *rôle* of the operated eye in binocular vision.

It is, above all things, thoroughly inconsiderate to make such an objection as that, because the pupil is eccentric, either the operated eye must be drawn into a squinting position, or exclude itself from common vision. The eccentricity of the pupil will act on the incidence of the light, just as if we cover the middle division of a much-dilated pupil. By this, a portion of the incident light is excluded, just as by a central opacity of the cornea; but, with proper relations of accommodation, the light coming from an object placed in the prolonged visual axis will always unite on the macula lutea. Experience has also satisfactorily proved to me that binocular vision occurs without strabismus in all possible forms of pupil eccentricities, whether congenital, or caused by accident, disease or operation. Indeed, we fully expect the restoration of such cases, including all accessory benefits, provided the visual power of the eye is to some extent exact, the lens preserved, and at the sides nothing to hinder the action of the eye-muscles. The latter especially is of importance; for the energy of the inner eye-muscles, in regard to the movements of accommodation, is diminished in almost all one sided blinenesses.

The relations of the visual axis, after the formation of an artificial pupil, are besides very various, so as indeed to require a full analysis. Only the following facts can here be briefly pointed out, so that the above law, "that an eye provided with an eccentrical pupil directs the visual axis to the object for fixation," may not be misunderstood.

1. This law in its full extent is limited solely to pupils which either lie moderately eccentrically, or still have one division reaching to the middle of the cornea. In perfectly eccentrical pupils, which in their whole extent lie opposite the edge of the cornea and crystalline system, a different method of vision generally occurs. Then the light arising from the prolonged visual axis, falls so obliquely on the surfaces of separation of the refracting media, that it becames too much weakened by reflection to serve for vision, the more because it is besides most imperfectly united on the ratina. In these cases we have a concurrence of central with eccen-

trical vision; the latter being obtained through the light when the visual axis shoots past it, falling perpendicularly on the side of the cornea corresponding to the pupil. Then we often see the patient change from the one position to the other; sometimes employing central vision with relatively slight intensity of light, at others eccentrical vision with relatively greater intensity, and choosing the one or the other, according to the various demands of vision. In these excessively weak eyes I have hitherto never observed vision in common with the healthy eye.

2. Exceptions occur to the law, from the curvature of the cornea being changed by adhering leucomata, etc. Here, on account of the altered relations of refraction, the light incident in the direction of the visual axis will no longer arrive at the macula lutea; but a beam passing in another direction will serve as the axis-beam for central vision. There will then naturally occur an aberration of the visual axis in fixation.

3. In a similar way, an oblique position of the lens can lead to an aberration of the visual axis. To this occurrence we have already elsewhere, (vid. A. F. O. Bd. i. 2, s. 291), when speaking about Synechia anterior, directed attention.

4. We refer in general not to slight, but to clearly proveable aberration, because the physiology of the present day has clearly shown, that under normal relations, it is not the axis of the eye, but one striking the cornea to the inner side of the anterior pole, which is directed to the object in view. This fact perhaps should be employed, in the explanation of certain differences in the visual power, according to the direction of the pupil eccentricities. That, *e. g.* pupils situated peripherically* outwards afford, cæteris paribus, less power of vision, than those situated inwards, is indeed a fact, but is still not satisfactorily explained. The acuteness of vision, if we abstract from all relations of position by the muscles, must be perfectly identical, provided that the axis of the eye actually coincides with the line of vision, for then all parts of the corneal periphery would be symmetrical in regard to dioptrical relations.†

If no binocular vision occurs after the formation of an unilateral artificial pupil, a trial of the double images, perhaps artificially educed, will determine how far such a state would be possible. Thus I remember two cases, where with a pupil situated to the outer side, and very satisfactory vision, double pictures were educed, not indeed spontaneously, but by covering the healthy eye with a violet glass. At a distance, these crossed double images were very close to one another, but by approximation, they gradually separated. A tenotomy of the external rectus, in one case total, in the other partial, acted here in a similar manner to what it does in insufficiency of the internal eye muscles; and afterwards binocular vision ensued. In the case in which total tenotomy was performed, a slight pathological convergence with direct double images, periodically emerging, existed throughout the earlier period for distant objects. The diplopia gradually disappeared, but, even a quarter of a year later, a trace of pathological convergence could still be showed; on the other hand, the patient fixed from 6 — 2 inches, and had the acutest valuation of distances within these limits. In the other case, perfect binocular vision was restored by tenotomy.

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*I have not been able to prove such differences in moderate eccentricities.

†Herein I presuppose the case of central vision; in eccentrical, differences in the sensibility of the various, though symmetrically placed around the macula lutea, parts of the retina might be accounted an explanation; but these are yet unproved. Besides, the comparison of impressions of eccentrical vision are very deceptive, owing to their weakness; and from such cases no conclusion as to the benefits *versus* injuries of such pupil eccentricities could be drawn

In very many cases (I believe in the mass, and constantly in very eccentrical pupils) no common use takes place after the formation of unilateral artificial pupil, and we can in no way succeed in educing artificial double pictures. There remain, then only the general benefit, namely, widening of the field of vision, and a not quite constant increase in the energy of the visual powers.

I mentioned the latter occurrence first in regard to the squinting eye (A. F. O. Bd. I. Abth. I. p. 89), and referred it to the greater quantitative excitement of the retina, since it is not founded on the perception of the double light—impression. Since that time I have examined a great number of diseased and healthy persons, and found the following results:

1. The phenomenon that a less visual angle is necessary for distinction, when both eyes are opened, occurs in many individuals, in many not; and I know no reason at present for these varieties having hitherto found no constancy in the nearer relations.

2. When the phenomenon in question is observed in the healthy, it is, for the most part, to be explained by quantitative excitement of the second retina, for the greater visual acuteness generally remained when the second eye was partially covered, so as to be excluded from the object viewed. Just such are the relations in the cases with which we are at present occupied and in which no common use of the two eyes takes place.

3. It is essential to distinguish the greater capability of overcoming

circles of dissipation from the increase of visual acuteness. As a rule, this exists when both eyes are opened. It is partly apparent, so far as owing to the greater contraction of the pupil, the circles of dissipation in binocular vision are actually smaller, but it is besides partly real. The former (increased contraction of the pupil) depends, as is known, only on quantitative excitement of the second eye, but the latter on an act of common vision. Of this we are convinced by certain presbyopic individuals, who can read much nearer with both eyes than with one. If the second eye is half covered, *i. e.* excluded from the object in view, but the same state of pupillary contraction preserved, the limits of recognition generally recede to a greater distance, although the circles of dissipation remain of the same size; if the second eye is now entirely closed, a further recession of those limits occurs, owing to the enlargement of the pupil. *A priori*, we might readily suppose, that binocular vision induced varieties of the accommodation, but I could not prove any optometrically, as I have already (*loc. cit.*) mentioned.

From unilateral artificial pupil various inconveniences have been feared, especially double vision, strabismus, and vision disturbed by dazzling. We must, therefore, determine now, how far these disadvantages exist, and of what importance they are in comparison with the benefits already mentioned. I have sometimes seen cases of double vision, although in an infinitely small number of cases (not more than 4 per cent.) This double vision sometimes spontaneously disappeared, from the eyes adjusting themselves to binocular vision, or from the accessory pictures of the operated eye being excluded from the perception, and sometimes was treated by means of tenotomy. The latter was occasionally used with the design of inducing binocular vision; occasionally its whole object was to change crossed double images into direct, these (by suppression of the weaker image) soon losing their disturbing influence. Strabismus—in the coarsest sense, *i.e.* complete passage of the visual axes by the side of the object in view—is not unfrequently seen in case of artificial pupil. In by far the majority of cases, however, the squinting already existed before the operation. It is indeed, well known how frequently eyes with leucomata, etc., are drawn into a squinting position. I have already shown that the strabismus is not developed for the use of binocular vision. If we, in spite of that, observe as a consequence of artificial pupil operations, it is only as a rare occurrence, originating in quite a different manner. In some cases, the crossed double images clearly produce an increasing divergence (on account of the greater distance of the double images). The deviation was here very rapidly developed. In the remaining, more scanty cases, strabismus gradually occurred without any participation of the eye in common vision; these were patients in whom the unilateral blindness had not very long existed, and it is therefore possible that the continued disuse of the eye (in common vision) entirely educed the deviation, as is so frequently the case; but it is also possible, and from analogy not improbable, that the different quantitative irritation of the pheripherical portions of the retina, induced contractions of the eye-muscles in a corresponding direction by means of reflex action. In short, the cases of great deviation, and only of these can we speak, for in the absence of binocular vision, all accurate fixation is impossible, are in relation, the number of cases operated on too few for us to find in their occurrence a contra-indication, the more, as the cosmetical injury which might ensue can be removed by tenotomy. An injury of binocular vision by dazzling was not observed, except, perhaps, where an excessively large pupil had been formed.

Finally, the objection has been made that the artificial pupil in one eye disfigured the patient's expression of countenance. I will not contest that an eccentrical compared with a central pupil appears somewhat unnatural, yea, even in some degree disfiguring. But, on the other hand, I cannot but consider the expression of an eye provided with an artificial pupil as infinitely more favorable than that of an eye with a closed pupil leucoma. The latter has quite distinctly the impress of blindness, while it gains a more lively appearance as soon as a black pupil, even if situated eccentrically, becomes visible. This is not quite true of closure of the pupil by a fine exudation, because the opacity of the central pupil is not sufficiently striking for the coarse physiognomical judgment. In such cases, however, we have more important indications for our guidance than the cosmetical.

Taking all this together, not a single objection of importance appears to an operation for artificial pupil in a single eye—nothing, certainly, which could be opposed in the important benefits. And even if we were to abstract all the relations mentioned, it is not an infinite satisfaction for many patients to possess two eyes instead of one, no longer to live in the fear of becoming perfectly blind? Is not monocularity for many laborers a state to a certain extent calamitous, one eye often becoming for a time unserviceable, by the entrance of dust or foreign bodies, or from the occurrence of an ophthalmia? Does not the reproach of monocularity impede many a career?

It amounts to this, that performance of ceremorphosis, allowing reasonable principles alone to govern us, affords not the slightest danger; that the direct success is always sure; and that the power of vision to be attained can be previously to the operation, determined with a pleasant accuracy, by an accurate trial of the light. Should the relations of the affected eye be extremely unfavorable,—thus where the pupil is very eccentric, or for most part strongly covered by the upper lid, or where the cornea is opaque in streaks around the pupil, and so on,—still we are inclined to operate in the perfectly blind, so as to procure at least a miserable glimmer of light; but in such cases I should not consider it generally advisable to operate when the second eye was healthy, because then the benefit experienced by the patient would be too unimportant. But if the relations of the second eye are in any degree favorable, I maintain that we afford essential service to our patient by the performance of the operation.

EDITORIAL AND MISCELLANEOUS.

THE MONOGRAPH OF ROBIN.

[The following letter from Dr. A. Peniston, Professor of Physiology in the New Orleans School of Medicine, informs our readers that the present number of the Gazette contains a portion of a monograph prepared by the Microscopist of the age expressly for its pages. Whilst engaged in the study of Microscopy in Paris during the past summer, Dr. Peniston procured from Robin the promise of a series of monographs for the Gazette, and we now begin to publish them, assuring the true lover of science that he who fails to give them a careful perusal will be wantonly negligent of a duty which he owes himself and his fellow men.—Eds.]

Messrs. Editors—In offering to the readers of the Gazette the article prepared expressly for them, by the most celebrated Microscopist of the age, I hope it will be perused with interest, not only as coming from an illustrious source, but for its own intrinsic merits. Apart from the novel application, there detailed, of the Microscope as a means for the detection of crime, the paper comprises a complete monograph on the histological characters of blood and its constituent elements. As a means of diagnosis in pathological cases, and of research in normal anatomy, this admirable instrument is now fast becoming indispensable to the physician. It behooves us all, therefore, to familiarize ourselves gradually with some of its numerous applications, lest, forgetful of the march of science, we awake one fine day, like the "Rip Van Winkle" of our Irving, and find ourselves left behind as a record of the past and a contrast to the present. At all events, it is the duty of the journalist to keep his readers acquainted with the course of passing events—if they heed not the hour's passing tribute, then he will at least have fulfilled his part of the mutual contract.

But I feel assured that all will hail with pleasure those numbers of the Gazette which will put us in direct communication with one of the great masters of our science in the capital of the scientific world.

Truly, your's,

A. PENISTON, M. D.

NEW ORLEANS, November, 1857.

THE NEW ORLEANS SCHOOL OF MEDICINE COMPLIMENTED.—We believe that we have about as much modesty as most men, and if we were only personally complimented, so far from making a public recognition of the same, we think we might really get up a blush; but when the institution, the "New School," to which we belong, and which we know to be an honor to the community in which it is established, is complimented, there can be no harm in our acknowledging it in these pages.

The Editor of the Southern Journal of the Medical and Physical Sciences says, in his late September issue, that the New Orleans School of Medicine and the Medical College of the University of Michigan, located at Detroit, are the best organized Medical Institutions in the United States. Do your own blushing, and make your own acknowledgments, friends of Detroit; for our part, we deem this compliment not only deserved, but we prize it as of the highest value, inasmuch as it comes from one who, in bestowing it, has no personal interests to subserve, and who stands high in the estimation of the profession as a zealous and honest advocate of the elevation of the standard of medicine in our country. The Editor is the individual who so quietly and dignifiedly crushed out the spirit of rebellion which was beginning to blaze out at the last meeting of the American Medical Asssociation, by offering a set of resolutions which so readily superceded the resolutions of another member, as at once to demonstrate that the Association did think that it had the power to control the subject of Medical Education—the opinion of a professor in a Medical School to the contrary notwithstanding.

The Editor of the Southern Journal of Medical and Physical Sciences is evidently studying the subject of Medical Education closely, and, being disconnected with any school, he does not have to use a magnifying glass to perceive the deformities in the prevalent system. We think he has but done us justice in the compliment extended, but we would not have him think that we regard our system as perfect. Our motto is—*Non progredi est regredi*, and we only await the liberal patronage of the profession to show what we can and will do. For the present we are satisfied to be on the short list of the *best*, but we know that we can be *better*.

CHEMISTRY IN OUR MEDICAL SCHOOLS.—We have just directed attention to one compliment paid the Medical School to which we are attached, and we find ourselves almost obliged to record another. The October number of the Southern Journal of the Medical and Physical Sciences is just to hand, and in it we find a very interesting editorial, entitled "American Chemists and Chemistry." Dr. Currey advances the very same ideas in relation to the *sort* of Chemistry necessary for the Student of Medicine that we have ever enunciated—viz: that it is *Medical Chemistry* which should be taught in Medical Colleges, and not a farrago of pottery, electricity, blow pipes and magic lanterns. We have General Chemistry, Agricultural Chemistry, and Applied Chemistry, all which it is the duty of every well educated man to know something of, and every one of which requires special consideration and no little time; but *Medical Chemistry* is what the Student of Medicine requires, and this is in itself sufficiently extensive to require all the lecture term for its proper elaboration.

Dr. Currey gives a list of all the teachers of Chemistry in our Medical Colleges, and then asks the following most pertinent questions:

"Who of these thirty Chemists are fulfilling the aim of connecting the science of Chemistry with that of Medicine? Who of them confine their Lectures and Instruction to the application of the science to the discovery, treatment and cure of disease? To do this in a manner becoming the station which they occupy, the next question arises, who of them are educated as Physicians?"

Again, he says: "We are familiar, through the exchanges which monthly come to our table from all parts of the Union, with the names of all those Chemists who contribute the results of their investigations to the profession, and there is a lamentable deficiency in this branch of the literature of Medicine. During the present year, only one out of the thirty has communicated the fruits of his labors for the Medical press. To his honor be it said, that one was Isaac L. Crawcour, M. D., of the New Orleans School of Medicine."

Once more we say, it is Medical Chemistry that the Student of Medicine requires, and the Professor of Chemistry in a Medical School, should be a Physician as well as a Chemist, and should not make his Lecture Room a mere show, where the Student goes only to gaze at the gewgaws skimmed from the entire surface of a great and almost boundless science.

Medical Students in New Orleans.—We almost begin to believe that we have some of the attributes of the prophet about us. When we first predicted that the establishment of a new school of medicine here would bring one hundred more students to the city, the very first year, than ever were known, the very idea was ridiculed. Yet the extra hundred came, and the new school got a full share of them. Then we predicted that there would be a greater number of students this winter than ever before. This, too, was called vanity, vanity, vanity! Yet our prediction is turning out true. There are now (November 24th) 105 matriculants in the new school, and we are told there are over 200 in the old school; and students will be coming in for several weeks yet. In fact, the prospect for an aggregate of 400 is good. Thus far, then, we have proved a prophet.

But there are other points of interest in the general prophecy. When the new school was organized, there were grave prophecies that she would not get one student the first season, and that she would "burst up" the second. We predicted that she would make a fine start the first session, and that she would do better the second. We have proved the prophet.

Then there were grave prophecies (of course originating in timidity,) that the establishment of a new school would not only not increase the number of students, but that it would cut up the classes and render teaching unprofitable. We said, the only harm the new school can do, will be to arouse energy, ambition and industry, and the result would be good all around. Where the honey is, thither flock the bees. Sure enough, the new school has not only done well, but it has drawn its own pupils, and, so far from the business being cut up, it is absolutely "paying" better than it ever did. Here again, then, we have proved a prophet.

The fact is (and there is no use trying to argue against it,) the establishment of a new school of medicine in New Orleans has been a happy hit all around, and, in all modesty, we think the Faculty of the institution are entitled to a vote of thanks for their efforts in behalf of suffering humanity, in behalf of students of medicine, and in behalf of teachers of medicine. They have established a useful institution in a rich soil, and it not only grows luxuriantly, but all around it grows as if in very imitation of its good example. Who ever saw a lone stalk of corn bear a full ear? But place another beside it, and the pollen is spread abroad, and the fruit is very good. Or we may be likened to the little lump of leaven, which created a mighty stir and a mighty change amid the mass of quiet meal.

But the truth is told. The new school is succeeding, notwithstanding her very *expensive* (?) five months' course; the old school is doing a better business than she ever did; the din of battle is dying away; nobody is hurt; the wilderness is being rapidly brought into cultivation, and New Orleans is at last to be the medical metropolis of the South! Will not somebody congratulate us on this auspicious occasion? We feel that we have been partly instrumental in doing a great good, but we feel modest.

But, speaking of students of medicine, the Faculty of the New Orleans School of Medicine have cause to be proud of the cordial approval of their efforts in behalf of medical reform, as evidenced in the liberal patronage they have thus far received. Never have we seen a more intelligent, orderly and diligent set of students collected in any medical college. We feel that we can indeed rely on such men to do us honor and to labor for our future welfare. We have students from North Carolina, Tennessee, Arkansas, Georgia, Mississippi, Alabama, Texas, Florida, Louisiana and Cuba; and they are not only sent to us by preceptors whom we know, but we are flattered with the approval of preceptors who are strangers to all but our honest exertions to elevate the standard of medicine. Who would not be proud to labor to excel even himself in imparting useful knowledge to such patrons? It is a high compliment indeed, that already 105 students have turned to the *expensive* five months' course. Patronize us, and we will make it *six* months, even at the risk of rendering the student bankrupt by paying for two whole months more of board!

LONG SESSIONS AND SHORT SESSIONS.—In anticipation of the next meeting of the American Medical Association, we believe that it is but proper to discuss as thoroughly as possible the great and important subject of Medical Education. One great question is, shall we have long or short sessions?—shall we cram into (or try to do so) the pate of the student during sixteen weeks (including the holidays) all that which it is really difficult to properly stow away in him during even *twenty* weeks? We have often given our views on this subject, and we now take up our pen to meet some rather queer reasons given by the editor of the Nashville Journal why a longer session than sixteen weeks will not answer, "under the *present system.*"

The Nashville Journal says:—"We are in favor of long sessions, and further, that we are in favor of making every other consideration yield to the accomplishment of this object."

Good *precept*, beyond a doubt; and let us believe that our neighbor is as honest in preaching it "as the day is long." But our neighbor does not see his way through this bugbear, the long session. 1st. "As medical colleges are generally conducted, students cannot remain long enough and therefore do not." But *why* is it that the student *cannot* remain? Our neighbor, in "logically arguing" the question, arrives at the profound conclusion, that it is "because they had generally not the means to pay board for a longer period!" Was ever his Satanic majesty so completely whipped around the stump before? What a libel on the intelligence and philanthropy—to say nothing of the common sense—of our youth! Is there a rich young man studying medicine who would not freely pay $30 or $60 extra for one or two months' extension of the term? And is there a poor young man studying medicine who would not willingly work one or two months longer in order to acquire the same amount of money to be devoted to so holy a purpose? Is it really true, that one-half of our medical classes leave "in their shirt sleeves, and the other with their breeches rolled up to their knees?" *Can* it be true, that the matter of studying medicine has, in this country, and in this country only, degenerated into a mere race after a "sheep-skin," which has on it a license to kill, and is only known in our communities as an article of trade, with a market price attached?

Out on such twaddle! Who established the sixteen weeks' system, but the medical colleges? And who has the power to extend the term, if that power rests not with those same colleges? Shall any man dare tell us that if the colleges extended the term to five or six months, and exacted attendance from the student, that there would be any appeal? What a pitiable sight it is to see a man trying to convince himself that he is right, or even excusable, in committing that which he knows to be a palpable wrong!

But our neighbor says, we "all desire a higher standard of medical scholarship." And, "to accomplish this we must have *an attendance* upon longer sessions. This four students out of five cannot afford!" This latter ground is untenable. Last year a new medical college was opened in this city; one of its features was the *expensive* extension of the term to five months; yet it was well patronized by students of medicine, both rich and poor. The present season it has continued the *expensive* plan, and still the students come in even greater number. Suppose *all* the medical colleges in the land were to adopt the five or even six months' system. Just as sure as there is a sun to shine on our good and evil deeds, the students, rich and poor, could be compelled to attend.

Is it possible that Science is to be dwarfed in her growth in a soil so rich as this country affords, and sick humanity to be quacked by half-educated men, all because of the mere sickly *hypothesis* advanced by those who should be ashamed of its promulgation, that "four out of five" of our students of medicine are not able to pay $30 or $60 more for the most useful of all knowledge? Why, under such a system as this, it would be as well to dispense with the lecture term in toto, for we know full well that there are young men who cannot afford to pay even *two* months board, and it would be a hard case indeed to force them to attendance during three or four months.

But, as we have said before, this question of the pecuniary capacity of our students is a libel on their better natures. We could now put our hand on more than one young man who would frown down even the insinuation that he either grudged the money that he had earned by the sweat of his brow, to pay for a five months' course, or that he would not willingly work for the extra money requisite to pay for even a six months' course, if it were shown to be to his advantage. It is an insult to the common sense of the real man to suppose that he will weigh $30 or $100 in the same scale with the knowledge which is not only to be useful to his community, but the very mainspring of his own success.

For the sake of our science and art, then; for the sake of suffering humanity; in the name of that indispensable attribute to all men—common sense,—will not our esteemed confrere in Nashville abandon this miserable hobby? As sure as there is a Maker of all things, it is not the poverty, nor the indolence, nor the folly of the student of medicine, that either originated or continues the abominable four months' system. No, it is not one, nor all of these; the root of the evil is too easily traced to its real source, to attempt to saddle it on our youth;—and yet, charity, together with an unswerving hope that a better day is surely coming, leads us to desist from dragging away the earth and exposing the black mould in which that root is embedded.

Why not come out boldly, friends of the Nashville school, and join us in the worthy effort at legitimate reform? An evil is never remedied by pointing out its imagined source. We have our shoulders to the wheel; we have pushed hard and faithfully; we have felt the vehicle moving, and now we have a *right* to call on *Hercules!*

NEW RESPIRATORY MUSCLE.—Dr. P. Jordan, of Washington, D. C., claims to have discovered a new respiratory muscle, having its origin in the fifth costal cartilage of the side, and running upwards to be inserted by a tendon into the tendon of the sterno-cleido-mastoideus of the opposite side. Dr. J. says he found one muscle in one instance, and in another he found both. Both of the subjects in which the muscles were found were negroes.

EXCITO-SECRETORY SYSTEM OF NERVES.—Two other American physicians, Drs. J. Adams Allen, of Michigan, and Martyn Paine, of New York, claim priority in the discovery which Marshall Hall so gracefully yielded to Dr. Campbell, of Augusta, Georgia. Why do not all the claimants come in at once, and let Dr. Campbell kill them all with one stone?

ROBIN, THE MICROSCOPIST.—A newspaper at the North published a letter from its European correspondent, in which Robin was spoken of as a young man of great mental calibre and preëminent in the branch of microscopy, but of feeble physical capacity—indeed, pale and sickly. Our exchanges are now beginning to pass around the item. We hasten to correct a portion of it, which is altogether erroneous. From a gentleman who has recently spent several months in intimate association with him as a student of microscopy, we learn that not a word too much has been said of his mental capacity, but it is altogether an error to say that he is possessed of feeble physical powers. He is highly social, communicative, active and energetic, and is not only possessed of rather more than the average amount of physical developement and capacity, but is a strong advocate of the doctrine, that all the physical powers of man should be thoroughly exercised, in order to establish that condition called health.

MORE PRESENTS TO THE MUSEUM OF THE NEW ORLEANS SCHOOL OF MEDICINE.—To Dr. M. C. Boyse, of Arkansas, the Faculty are indebted for a fine specimen of three-months' fœtus, and for a young chicken with four legs.

To Dr. A. Hart, of this city, they are indebted for the finest specimen of aneurism of the arch of the aorta we have ever seen. The disease was of long duration, (Dr. Hart having watched it for nearly two years in the Charity Hospital,) and the tumor had absolutely caused absorption of the bones of the side against which it pressed.

Dr. Hart has, also, deposited a portion of the cranium of a man who received a pistol ball over the eye, the same having then traversed the entire length of one hemisphere of the brain, and lodged in the posterior portion of the head. The man lived one month after the reception of the injury. A full account of the case will be given.

To Dr. W. E. Brickell, of Vicksburg, Miss., the Faculty are under obligations for a beautiful specimen of calculus, taken from the bladder of a sow—the animal having been in perfect health, and having been killed for the table.

[We take great pleasure in calling attention to the following circular, and bespeak the aid of our patrons in behalf of the solution of a most important question connected with our science.—EDS.]

The undersigned, Committee of the American Medical Association on

Influence of Marriages of Consanguinity upon Offspring, solicits the aid of the medical profession throughout the Union in collecting facts upon this interesting subject.

The points of information more especially desired are :

1st. The degree of consanguinity of parties, and whether by father or mother's side.

(As first, second, third or fourth cousins, or more rarely uncle and niece, or brother and sister.)

2d. The approximate date of marriage.

(This is only required in order to show whether the fruitful period has past, and the case complete in its results.)

3d. The constitutional diathesis and temperament of each parent—their occupation, and such habits or circumstances as are, in the opinion of the observer calculated to influence the normal developement of offspring.

(Where the parties are personally known to the contributor, the committee requests the color of hair, eyes and complexion to be noted.)

4th. The number, sex and *condition* of children produced by such marriage.

5th. The number and sex of children who have died young, their ages at death and causes, where known.

It is probable that in very many cases all the points of information required above, cannot be obtained, it is hoped that those who favor the purposes of the report, will not suffer an inability to procure *all* the facts to deter them from furnishing such as may be within their reach. The committee desires to accumulate a mass of statistical truths whose aggregate will determine beyond question whether marriages of consanguinity are in the main prejudicial to offspring; and that he may accomplish this purpose, he begs of his co-laborers to report the instances of such marriages within their circles of observation, without selection, whether they are followed by sterility or well-developed or imperfect issue.

Contributions are requested to be forwarded as early as practicable, but will be accepted until the first of April next.

(N. B.—Names of parties not desired, as all personal allusion will be avoided in the report by which either the contributors or the subjects of their observation may be designated.)

LOUISVILLE, Ky. S. M. BEMISS, M. D.

BOOKS AND PAMPHLETS RECEIVED.

"Manual of Physiology. By William Senhouse Kirkes, M. D., &c., &c. A new and revised American, from the last London edition. With two hundred illustrations. Philadelphia, Lea & Blanchard, 1857." One of the very best books the student of medicine can procure.

"Transactions of the Twelfth Annual Meeting of the Ohio State Medical Society, held in the city of Sandusky, June, 1857." To Dr. Charles Cochran, of Sandusky, we are indebted for a copy of these valuable Transactions. We have been much interested in the perusal of several of the reports of committees, and our pages will contain extracts from the same.

"A Dictionary of Medical Science; containing a concise explanation of the various subjects and terms of Anatomy, Physiology, Hygiene, Therapeutics, Pharmacology, Pharmacy, Surgery, Obstetrics, Medical Jurisprudence, Dentistry, &c.; notices of climate and mineral waters; formula for officinal, empirical, and dietetic preparations, &c.; with French and other synonymes. By Robley Dunglison, M. D., L.L.D., Prof., &c. Revised and greatly enlarged. Philadelphia, Blanchard & Lea, 1857." We have long been looking for a new edition of this work We have always considered Dunglison's Dictionary a good book, but too often have we been obliged to lay it aside, dissatisfied and disappointed; until, at last, we sent across the waters for the great work of Nysten. We are now informed by the enterprising publishers that Prof. Dunglison has added about 6,000 subjects and terms. If so, the work must be infinitely more valuable than heretofore. We have not time now to verify the assertion by personal research, but there is no doubt that a mere casual glance tends to convince us that there has been great improvement, and if half that the publishers claim has been done, then we may safely say that Dunglison's is the best medical dictionary in the English language.

"A Collection of Remarkable Cases in Surgery. By Paul F. Eve, M. D., Professor of Surgery in the University of Nashville. Philadelphia, J. R. Lippincott & Co., 1857." Dr. Eve's double motto, viz: *Ars Medica tota Observationibus*, and, *La Medicine ne s'enrichet que par les faits*—show clearly that he is one of those who regard one fact in medicine as worth a thousand theories. No man will deny the proposition that a fact is always more valuable than a theory, but we think there is a class of men in our profession who are disposed to abuse the comparison. Often do we find that a fact can only be reached by the brain that is capable of theorizing, and thus theory has been absolutely the road to fact. Dr. Eve's book evinces great labor and research, and to the individual who is fond of the extraordinary, it will be interesting. But the questions at once occur to us — Could not the same amount of labor have been better expended by the same author? And, is the book really *valuable* to the pupils of a teacher whose name will surely make them try to *study* it?

HEALTH OF OUR CITY.—We present our readers below an exhibit of the mortality of our city for the eight weeks ending November 21st, 1857. It will be seen that the highest weekly mortality has been 135. This occurred in the weeks ending October 4th and 18th. Since the latter date, the mortality has been steadily diminishing, until our last weekly report, ending on 21st of November, gives 109.

Yellow Fever.—We have before announced that yellow fever made its appearance in the Charity Hospital on the 10th of September. We show now what the weekly mortality from that disease has been during the last eight weeks. For the week ending October 4th, 13; week ending October 11th, 12; week ending October 18th, 36; week ending October 25th, 37; week ending November 1st, 27; week ending November 7th, 18; week ending November 14th, 17; week ending November 21st, 14. So that the highest mortality from yellow fever during the season has been thirty-seven, in one week ending October 25th. Since this latter date the disease has been steadily declining—until, at this present writing, November 26th, it is really nearly at an end.

Take out the mortality from yellow fever, which has only attacked the unacclimated, and those almost altogether from a dirty locality, and we find the mortality of our legitimate acclimated population, together with the unacclimated who were not necessarily subjected to the local fever cause, to have averaged about ninety or ninety-five, which is as fair a showing as can be made by any city in the Union.

As to this yellow fever of 1857, it has been of remarkable interest to the observer of such matters. Having most probably originated here, it has been almost entirely confined to a particular district, has attacked almost altogether a particular class of the people, and, notwithstanding it has been carried out of its place of origin and been planted, as it were, in other and healthy portions of the city, and in the soil of the totally unacclimated, (as in the case of our students of medicine,) it has, nevertheless, failed to take root and consequently to spread its branches. In other words, yellow fever has this year presented itself to us in its old and familiar garb. Of course we would have willingly dispensed with its visitation altogether, but, as it did force itself on us, we were more than happy to recognize it as divested of the strange garment (infection, or contagion) with which it has been covered for a few years past. But in all this the one-idead men will find food for reflection. We shall henceforth find fewer individuals to stand at the street corners and the forks of the road, and proclaim to the world that yellow fever is or is not contagious or infectious; and the man with two ideas, and who pronounces it to be *both*, will be the popular preacher.

Notwithstanding, then, the existence of yellow fever amongst us for more than two months past, our city has been really healthy, as the books of our doctors will clearly show; and our only hope is that things may continue thus.

REPORT OF DEATHS IN THE CITY OF NEW ORLEANS FROM THE 27TH DAY OF SEPTEMBER TO THE 25TH OF OCTOBER, 1857.—From the 27th of September to the 4th of October—Men, 35; women, 30; boys, 28; girls, 29. Adults, 65; children, 57; males, 63; females, 59. Colored persons, 16. Total, 135.

From October 4th to October 11th—Men, 44; women, 24; boys, 26; girls, 29. Adults, 68; children, 55; males, 69; females, 54. Colored persons, 20. Total, 123.

From October 11th to October 18th—Men, 56; women, 17; boys, 29; girls, 33. Adults, 73; children, 62; males, 85; females, 50. Colored persons, 13. Total, 135.

From October 18th to October 25th—Men, 60; women, 21; boys, 27; girls, 22. Adults, 81; children, 49; males, 87; females, 43. Colored persons, 15. Total, 130.

Total of deaths for four weeks ending October 25th, 1857—523. Men, 195; women, 92; boys, 110; girls, 113. Adults, 287; children, 223. Colored persons, 64. Under one year, 114; one to two years, 38; over sixty years, 23.

Deaths in the City of New Orleans from the 23d October to the 21st November.

From 23d October to 1st November—Men, 55; women, 19; boys, 25; girls, 23. Adults, 74; children, 48; males, 80; females, 42. Colored persons, 14. Total, 122.

From November 1st to November 7th—Men, 46; women, 25; boys, 21; girls, 27. Adults, 71; children, 48; males, 71; females, 48. Colored persons, 10. Total, 119.

From November 7th to November 14th—Men, 43; women, 23; boys, 31; girls, 22. Adults, 66; children, 53; males, 78; females, 51. Colored, 10. Total 129.

From November 14th to November 21st—Men, 48; women, 13; boys, 28; girls, 20. Adults, 61; children, 48; males, 76; females, 33. Colored, 16. Total, 109.

Total of deaths for four weeks ending November 21st, 1857—479. Men, 192; women, 78; boys, 105; girls, 92. Adults, 272; children, 207; males, 305; females, 174. Colored, 50. Under one year, 102; one to two years, 28; over sixty years, 40.

LIST OF PAYMENTS.—*To November 25th*, 1857.—Drs. Orrick Metcalfe, $10, 1856–57; W. Reynaud, $5, 1857; Harney, U. S. A., $5, 1857; Mr. F. B. Conner, $5, 1857; Drs. R. N. Slack, $5, 1857; S. M. Bemiss, $5, 1857.

TO OUR COUNTRY SUBSCRIBERS.—More than thankful to the foregoing friends for their attention, we ask of our country subscribers to look at the picture! Fully $3,000 owing to us, and yet how slowly they pay up! Once more, we ask them to remember that now is the time of the year when all just men are paying their dues. As for those who are now retiring from our subscription list because they are indebted to us largely, we fear they are incurable cases.

MONTHLY REPORT ON CHEMISTRY, ETC. *By I. L. Crawcour, M. D., Professor of Chemistry and Medical Jurisprudence, New Orleans School of Medicine, Member of the Society of Arts of England, etc., etc.*

M. Blondlot states he invariably found that when organic compounds containing arsenic were destroyed by the ordinary process of MM. Danger and Flandin, the carbonization by sulphuric acid always produced a considerable quantity of sulphuret of arsenic which escaped notice. The following is one of the experiments on which he bases his assertion: He took two hundred and fifty grammes of fresh beef, and after having minced them, he added one hundred grammes of concentrated sulphuric acid; when the whole was reduced to a semi-fluid condition, he added a solution containing two centigrammes of arsenious acid. The usual incineration having taken place, he obtained a dry and friable coal which he thoroughly exhausted with boiling water. He now washed the residue repeatedly, and tested the washing by Marsh's Apparatus, and found no trace of arsenic• He again washed this same residue with a solution of ammonia, evaporated this to dryness, treated it with warm nitric acid, again evaporated it to dryness, and now by dissolving it in water and subjecting it to Marsh's test, he obtained a black and tolerably large ring of metal. It results from this, that in future, it will not be sufficient, in toxicological enquiries, to treat the coal produced by incineration and sulphuric acid by water alone, but that it will be necessary to dissolve by ammonia, the sulphuret of arsenic which is formed in considerable quantity, to convert this sulphuret into arsenic acid by means of nitric acid, and to add this second solution to the first before subjecting the *suspected* liquid to Marsh's test.

This discovery of M. Blondlot is of considerable interest and importance to all who may have occasion to be engaged in judicial inquiries. There is no doubt, where arsenic has been taken in small quantities, and has not been detected, it has been, in consequence of its conversion into sulphuret as above stated.

M. Morin finds that although the great tendency of hydrogen and nitrogen to combine and form ammonia has been made the subject of remark by several writers, no one has hitherto observed the influence of atmospheric air upon this compound, when dissolved in water and submitted to its influence. He observed that certain specimens of solution of ammonia, when exposed to the air for some time, and then evaporated to dryness, gave evidence of the presence of nitric acid when tested by Brucine and pure sulphuric acid. In order to be able to detect without the chance of fallacy the presence of minute quantities of nitric acid, M. Morin employed the new test recently proposed by Barreswill, viz: to add to the evaporated product a minute quantity of phosphoric acid, and of a protosalt of manganese; if nitric acid be present, there will be produced on application of heat a peculiar violet color, the result of the formation of a mangano—manganic salt.

The presence of nitric acid in the ammonia examined was at first assigned to the employment of common water, which frequently contain nitrates, but it was afterwards imagined that the oxygen of the air might act upon the elements of ammonia, thus producing water and nitric acid, which would unite with the base, a phenomenon analogous to what occurs daily in the process of nitrification. In order to verify this conjecture, some ammonia prepared with pure distilled water was exposed to the air in a large porcelain capsule—after evaporation, the application of tests, revealed the presence of a nitrate in a large quantity, a solution prepared with water, boiled and cooled out of contact of air, and evaporated to dryness under the vacuum of an air pump, gave not the slightest trace of nitric acid.

This action of the air, upon the elements of ammonia is of the utmost importance in medico-legal researches, relating to the poisoning by nitric acid, especially if a body be exhumed for the purpose of examination, and decomposition have commenced; for from what has been seen the ammonia contained in the body might readily give rise to the production of the acid, by a more or less prolonged exposure to the air, and thus lead to grievous error. That this is not mere hypothesis is proved by an experiment of the late illustrious Thenard, who, fifty years ago, found that by distilling flesh, he obtained a produced, which if diffused in water, and exposed to the air, gave a large quantity of nitric acid. This transformation of ammonia should never be lost sight of by Chemists, when called to ascertain the presence of nitric acid in criminal cases, long after death.

Drs. Odling and Dupre have recently found that copper is one of the normal constituents of nearly all organic substances. They have made more than one hundred examinations, and in nearly every instance recognized the presence of copper. From 100 grs. of wheat ash, they obtained 251 thousandths of a grain, and from a sheep's liver rather more than half a grain of oxide of copper.

Statistics of Suicide.—The following is interesting in a medico-legal point of view:

One suicide takes place annually in Moscow out of 55,108 inhabitants—Sardinia, one in 50,318—Belgium, one in 27,468—United States, one in 23,263—England, one in 15,300—France, one in 13,461—Prussia, one in 8,081—Saxony, one in 5,664—New York, one in 8,838—London, one in 5,000—Paris one in 2,175.

EXCERPTA.

Reproduction of Bones and Joints, after their Removal in Cases of Whitlow. *By H. H. Toland, M. D., of San Francisco, California.* — Paronychia or Whitlow: Its Consequences and Treatment.—Although this is an exceedingly painful disease, and frequently destroys the parts affected, it has received but little attention from the profession, because it rarely endangers life. There are four varieties of Whitlow:

1st. That seated between the epidermis and cutis vera.
2d. That situated in the sub-cutaneous cellular tissue.
3d. That occupying the sheaths of the tendons.
4th. That seated between the periosteum and bone.

Every phlegmonous inflammation of the fingers and toes belongs to one of the forms of paronychia above specified. Every variety of this disease is excessively painful. The first three are speedily removed by a free incision; but the fourth is a much more serious affection. Even when treated early and properly, it frequently causes a destruction of the bone, in consequence of a separation of its periosteum; pus forms between that membrane and the bone; the former is detached, and the latter loses its vitality, and if not removed will be destroyed.

As the bone is formed by the periosteum, if the latter be not removed, and the soft parts are kept extended, the bones as well as the joints are reproduced, and the part restored to its former usefulness. It has long been known that bone will be reproduced, provided the periosteum remains, and we only claim to have made the discovery that the joints are also, by proper management, restored, even under the most unfavorable circumstances. Whether they are as perfect as the original, possessing cartilages, ligaments, and synovial fluid, we are unable to say; but we know that they possess motion, and sufficient strength to perform the function of the most perfect joints.

James Clarke a porter, now of Columbia, Tuolumne county, consulted us respecting the propriety of having the middle finger of the right hand amputated. He had been treated by a good surgeon, who thought its removal necessary.

As only the third, and a half of the second phalanx were diseased, and believing they would be reproduced, we advised their removal, so that even if there was no motion in the first joint, the finger would still be useful. An incision was made from the first joint, extending laterally, under the nail, to the same point on the opposite side. The soft parts were detached from the denuded bone, and the second phalanx divided with bone forceps about a quarter of an inch from the second joint. The wound was closed by the interrupted suture, and the soft parts retained in a proper position, by the application of splints and a bandage.

In four weeks, to my astonishment, *the bones were not only restored,* but also *a perfect joint was formed.* The finger is now as strong, and the motion of the newly formed joint as perfect as the original. Being a porter, he injudiciously used the finger before the bones were perfectly solidified, and a slight lateral curvature was produced; but in every other respect the finger is as perfect and useful as before the occurrence of the accident.

McGowen, now employed at Newland's stables, on Kearney street, was advised, in January, 1857, by his physician, to have the forefinger of the right hand amputated at the second joint, and he came to our office for the purpose of complying with his instructions. Instead of amputating the finger, the phalanges were removed, and the wound dressed as in the former case. In a few days, although requested to visit the office until cured, he renewed his occupation, and we lost sight of him entirely. On the 10th of June his finger was examined, and we found the second joint perfect, and the entire phalanx restored. The last phalanx, in consequence of the soft parts being allowed to contract, is short, although a joint exists, and the finger is as strong and useful as before the operation.

Shannon, a cooper, living at No. 6, Jackson street, had a whitlow of the first forefinger, involving only the last phalanx, which was removed at the joint by a lateral incision. He resumed his business in a few days after the operation, and the finger was not examined for several months. The newly formed bone is shorter than the original one, although the motion of the joint is perfect, and the finger in every respect as serviceable as before.

Other cases might be given, if these were not considered sufficient, to establish the point in question.

Cullens, who lives on Stevenson street, between First and Second streets, had suffered for three months before he became my patient, from a whitlow, involving the whole of the right thumb. Free incisions had been made, without affording relief. The thumb was enormously enlarged, the first and second phalanges were denuded, and the flexor tendon near the extremity destroyed. Notwithstanding its excessively diseased condition, we determined to remove the bones, believing they would be reproduced, although we were confident that the thumb would not be as perfect as if he had received proper attention at an earlier period.

An incision was made upon the upper side of the thumb near the location of the extensor tendon, and carried upwards under the nail, and both phalanges removed. This operation was performed about the first of April, and in six weeks the soft parts were healthy, and the bones and joints reproduced. Although he has but little control over the last phalanx, in consequence of the destruction of the tendon, the thumb is nearly as long as its fellow of the opposite hand. It presents a natural appearance, and is improving daily, both in strength and motion.

A gentleman, living near Redwood city, had suffered for several weeks from a similar disease, and was operated upon on the 15th of April, 1857. In his case a lateral incision was made, and both phalanges of the right thumb were excised. This case was progressing much more favorably than that of Cullen's, when he left the city, two weeks after the operation. He has not been heard from since, although no doubt is entertained of the entire restoration of both the bones and articulations.

In 1853 a carpenter was admitted into the State Marine Hospital with a compound commuted fracture of the great toe. After remaining two months, and finding that union had not taken place, and that the bones were diseased, instead of amputating the toe, we removed the bones, and in a short time they were restored, although we were not aware of the reproduction of the articulations.

Blaisdell, who then lived near Oakland, had the great toe of the left foot injured by a large piece of timber. When examined, we found the second phalanx diseased, although the foot was healthy. In December, 1856, an incision was made upon the internal side, and extended from the articulation with the metatarsal bone to the extremity under the nail. Both phalanges were removed, and the wound closed by the interrupted suture. In four weeks from the time the operation was performed, the bones were re-produced, and the patient could wear a boot without inconvenience. The articulations appear to be perfect, although the last phalanx was not diseased and was removed with the periosteum. This can only be accounted for by supposing that the periosteum detached from the second phalanx produced a sufficient quantity of osseus matter for the restoration of both. Mr. Blaisdell is now employed on Bird Island, and suffers no inconvenience from the injury.

In removing diseased bones from either the fingers or toes, lateral incisions should be made to avoid the tendons; and the soft parts, until bony matter is deposited, should be supported by pasteboard splints, applied so loosely as not to produce pain. If they be found inconvenient, the other fingers or toes may serve as splints. Before the bones are fully developed, the member should be flexed occasionally, although that precaution was not taken in some of the most satisfactory cases given above. In Cullen's case, in consequence of the destruction of the tendon, an effort was made to produce anchylosis of the first joint, by the application of splints, but without success.

Many operations of a similar character have been performed in the United States Marine Hospital, but not being enabled to furnish the results, they have been omitted. Most of the cases cited can be examined by the incredulous, and the above statements verified. The result of these experiments is not only interesting but extremely useful. Useful, because by the loss of a thumb a laboring man may be deprived of the means of pursuing the only occupation with which he is acquainted, and by which alone he can support himself and family. By the loss of the great toe, the strength of the foot is impaired, the gait is rendered unsteady, and locomotion fatiguing. Interesting, because it establishes the efficiency of the restorative powers of the human system more fully and unquestionably than anything that has heretofore been observed; and when assisted and directed by those who, from greater skill and experience, are more competent than ourselves, to act efficiently, results more brilliant than we can now imagine may be realized.—*Med. Jour. and Review.*

Case of Labor. *Reported By W. L. Wood, M. D. Hanover County, Va.*—Thinking perhaps that a brief account of a case of labor which I had charge of a short time since, might not be destitute of interst to some of your readers, I beg the privilege of having it inserted in your journal.

On January 10th, 1856, I was summoned to visit Mrs.***, æt. 35, mother of four children, in her fifth accouchement. I found her in the first stage of labor. In about four hours she gave birth to a fine boy, weighing eleven pounds eight ounces. The birth of the child was attended with a considerable gush of blood; and fearing that dangerous hemorrhage might ensue, the placental mass was promptly removed, and cold applications made to the genitals. The hemorrhage speedily ceased, the womb having contracted firmly. She now fell into a doze of sleep, and after about an hour she awoke and asked for something to eat. A cup of tea and a cracker were prepared for her, and while eating she complained of faintness, which was relieved by assuming the recumbent position, in which she finished her tea and cracker.

January 10th, 5 o'clock P. M.—From this time till the next morning she rested *quietly* and slept well.

January 11th.—Doing very well.

12th.—Complaining of uneasiness about the bowels, and slight fever. A dose of castor oil prescribed.

13th.—No fever; secretion of Milk abundant; lochial discharge tolerably free; urine passed easily and copiously; bowels soluble, and abdominal parietes flacid; but the patient complains of a sense of oppression about præcordia, and "shortness of breath." Arom. spts. ammon ʒss prescribed, which we discovered had no sensible effect upon the circulation. A mustard plaster was then applied over the præcordial region; but the heart still refuses to respond. The shortness of breath grows worse, with anxious conuntenance, and somewhat shrunken features.

Thinking now that perhaps the lungs might be the seat of disease, we undertook to explore them, and to our relief, found that peculiar resonance to exist which is elicited by percussion in health, and the vesicular murmur which auscultation reveals when these organs are discharging their functions healthfully, to exist throughout their extent. There was no cough nor expectoration. We then concluded that the shortness of breath and the insusceptibilty of the heart to the action of stimuli, must originate from some injury sustained by that organ during the parturient effort—consisting in either exocardial or endocardial effusion of blood, or perhaps both. To effect the absorption of this supposed effusion, we prescribed calomel grs. iv, pulv. opium gr. ss. pulv. ipeca. gr. j. to be repeated every four hours, and a blister applied over the region of the heart. My colleague Dr. F. White is now called in consultation; advises diffusible stimulants, which fail to affect in the least degree the circulation.

January 13th.—Intellect clear; all the secretions healthful, and entire absence of pain, but the shortness of breath very distressing, and the radial pulse almost imperceptible—the patient beseeching us, with an air and a tone of voice which I can never forget, to "stop this shortness of breath, or I shall die." Mustard pedeluvia and stimulant enemata are now had recourse to (without any avail), in conjunction with the remedies above mentioned. Dr. R. M. Carver is now sent for, but the vital principle escaped its clay tenement before we had the benefit of the opinion of this experienced and skillful physician.

Thus terminated one of the most remarkable obstetrical cases I ever read or heard of, involving a mystery which is beyond my comprehension, as regards the proximate cause or essential nature of the disease.

If any of my professional brethren will make out a diagnosis of the case from the symptoms aoove detailed, and suggest the treatment that should be employed in it, he will confer a great favor on your humble correspondent.—*Virginia Medical Journal.*

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY. § XV. *Treatment of Epilepsy.*—Proposing to develop fully this subject elsewhere, we will merely lay down here a few propositions :

1. The first thing to be done in a case of epilepsy is to find out if its origin is peripheric. The state of all the organs must be inquired into as completely as possible. For some of the means to be employed to detect the peripheric origin of fits of epilepsy, we will refer to § XI.

2. If it be ascertained that epilepsy is of peripheric origin, employ proper means to separate the nervous centres from this origin, or to remove the cause of the excitation entirely. Leaving aside what relates to the viscera, the application of ligatures, as we have shown in § IX., ought to be tried first. Sometimes it happens, as in a very curious case recorded by Recamier, that the aura will disappear from a place, and reappear in another ; it will be well to pursue it thither, and apply ligatures in the new place.

3. If ligatures fail, this is no reason for despairing of other means having the same object. The nerve animating either the part of the skin from which originates the aura, or the muscle or muscles which are the first convulsed, must be laid bare, and sulphuric ether thrown upon it. This might, perhaps, be sufficient to cure the affection ; if it is not, then the nerve must be divided.*

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*We proposed, many years ago, to employ ether instead of the section of the nerves, in traumatic tetanus ; this simple treatment will prove more useful for tetanus than for epilepsy.

4. The amputation of a limb for epilepsy is a barbarous act, the section of the nerves being all that is necessary.

5· Sometimes blisters, setons, caustics, etc., in the neighborhood of a part which is the origin of an aura, may be sufficient to cure, but these means have not the same efficacy as the application of a red-hot iron.

6. The best means of treating epilepsy seem to consist in the application of a series of moxas along the spine, and particularly the nape of the neck.

7. The nutrition of the nervous centres may be modified, and thereby epilepsy be cured, principally by the medicines which act on the blood-vessels, such as strychnia, but particularly by those which determine contractions in these vessels, such as atropia, ergot of rye, etc.

8. Trepanning, in cases where a blow on the head or some other circumstance seems to indicate it, ought not to be resorted to until cauterization and other means of producing a modification of the conditions of the skin of the head have failed. See § IX.

9. Cauterization of the mucous membrane of the larynx, which has been successful in some cases in which there was considerable laryngismus, is an excellent means, not only of diminishing or preventing the spasm of the larynx, but as a mode of producing a modification in the nutrition of the medulla oblongata.

10. As a means of treatment too much neglected, we will point out the possibility of the transformation of epilepsy into intermittent fever, which has been proved by the important facts observed by Dr. Selade, by Dumas, etc. The frequent passage of an intermittent fever into epilepsy, and the facts which show that the nerves of the blood-vessels are excited in the nervous centres in fever and ague (the galvanization of the cervical sympathetic nerve produces the effects of this fever, viz: *cold*, soon followed by *warmth* and *perspiratian*), show also that there are great analogies between epilepsy and intermittent fever. So it is as regards the efficacy of ligatures in both diseases. That intermittent fever is an affection of the nervous system is proved by a curious case of fracture of the spine, in which the parts paralyzed remained in their normal state, while the rest of the body had all the phenomena of a paroxysm of fever and ague. (Dr. Knapp, in *N. Y. Jour. of Med.*, Sept., 1851, p. 199.) From these facts and many others, we think it would be of the utmost importance to try to have fever and ague generated in epileptics (see Dumas, in *Bibliotheque Medicale*, vol. xxxi., and Delasiauve, *loco cit.*, p. 378 and p. 419), as a means of cure of epilepsy.

11. We will merely add, that hygienic means are as important as the treatment, and that sleeplessness ought to be as much combated as the disease itself.

As regards the treatment of the fits, we cannot insist too much upon the prevention or diminution of asphyxia, as it seems certain that the circulation of black blood in the nervous centres prepares for the production of future fits. For this object the best means are: 1. Dashing very cold water on the face. 2. The inhalation of chloroform.—*Med. and Surg. Journal.*

NEW ORLEANS

MEDICAL NEWS AND HOSPITAL GAZETTE.

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MEMOIR ON THE MEDICO-LEGAL EXAMINATION OF SPOTS OF BLOOD, BY MEANS OF THE MICROSCOPE.

By Dr. Charles Robin, Professor of the Faculty of Paris, etc., etc. Arranged and Translated by Anthony Peniston, M. D., Professor of Physiology, New Orleans School of Medicine.

[CONTINUED FROM DECEMBER NUMBER.]

PART II.

§ IX. *Examination of the other Spots on the Blouse, supposed to be of the same origin as the first, though less highly colored, and presumed to have been washed or effaced after their original production.*

We next proceeded to examine by means of the Microscope, some of the dust, and small filaments from the cloth of the blouse, which dust was taken from the large stains on the sleeves, on front and back parts of the blouse, with a rusty or brownish appearance, similar to stains of blood after being wiped, or rubbed with earthy matter. We easily ascertained that the small particles of dust which we had detached, as well as those which were still adherent, were composed of small irregular grains of polyhedral shape, sharp angles, with many sides, but presenting no regular arrangement with each other. Some of these grains had no peculiar color, their centre being greyish or almost colorless, with a shining appearance, and thick, dark edges. Their diameter varied from 5 to 70 thousandths of a millimetre, or even more. Water had no action over them; acetic acid, when added to the former, hardly affected them, except by producing a slight effervescence. Hydrochloric acid alone, dissolved them quite rapidly, with considerable escape of gas. Others of these grains less numerous than the first, presented the same irregular shapes, but a more brilliant red color, resembling somewhat that which is characteristic of the several oxydes and carbonates of iron. The diameter of these dark brown fragments varied from 4 to 35 thousandths of a millimetre: water had no action on them; acetic acid, when added to the preparation, had very little effect, so that in this respect neither of these fragments had properties at all resembling those derived from the spots of blood. The microscopical appearances, which we have just described, being those which are characteristic of the particles of earthy dust, and presenting none of those which are peculiar to the blood, we next examined their real nature and chemical composition by means of the appropriate tests known to science. To attain this object we proceeded as follows: We carefully detached, by means of a sharp bistouri, thirteen spots of a brownish color; some were irregular and large, others were small and round, having from 1 to 3 millimetres in width, and found on the surface of the large reddish spots paler than these particles, as seen on the lower part of the right sleeve. The left sleeve was not touched at all. The same process was repeated on four spots having from 1 to 4 millimetres in width, with a reddish brown appearance, taken from the back part of the blouse, and appearing like the first mentioned particles, to be superimposed or situated over the lighter colored spots beneath them; the front of the blouse was left untouched. The substance thus taken off, when submitted to microscopical investigation, and to the tests already described, presented in due succession the characters of fibrine, with the white globules contained within its meshes, and also the red globules: so that these were exactly similar to the spots which we had already recognized as being formed by blood. The paler spots which remained after taking away the deeper red crusts just described, and presenting the same form and dimensions, did not, however, contain blood globules adhering to the cotton filaments, as we had seen on similar spots found in other parts of this garment.

In these we only found fragments or irregular grains of dust, of a greyish color in some places, in others of a dark red color, such as the rusty spots we have described, which were not formed by the particles of a dark brown color.

After this we carefully scraped, by means of a scalpel, the large rusty colored stains, which were situated on the right sleeve and on the back of the blouse, which stains were of *a lighter color* than the small ones above described.

The dust obtained by scraping these stains, was received in a large porcelain capsule, and then collected together by washing this vessel in warm distilled water. The turbid, muddy liquid thus obtained, was allowed to cool until next morning. By rest it separated into three parts :

1. The portion floating on the surface of the liquid consisted of bluish flakes. Under the microscope it was shown to be composed of cotton filaments, dyed blue, and accompanied with irregular particles, having the appearance of dust particles described at the beginning of this paragraph, and not acted upon by water. These particles were, moreover, in such small quantities, that it was useless, as we shall soon see, to enter into any special examination of their nature.

2. At the bottom of the tube we found a deposit of extremely fine granular powder eight millimetres in depth; the tube itself being about 15 millimetres in diameter. We next decanted the water which had deposited this powder, in order to examine the latter. By microscopical investigation we found that it was entirely composed of irregular corpuscles, some either colorless or of a greyish appearance, others having the dark red appearance of the oxyde or carbonate of iron, such as we have above described; some, which had remained attached to a small cotton fibre, had drawn the latter with it to the bottom. We now laid aside this pulverulent deposit for a subsequent examination, the details of which will be given further on.

3. We next examined the liquid separated by decantation, and which was intermediate between the flakes floating on the surface and the deposit of powder we have just described. This liquid was nearly colorless, having only a greyish tint and slightly turbid. We ascertained, by means of the microscope, that this cloudy appearance was caused by a quantity of short cotton filaments, of a bluish color, which remained in suspension in this liquid. Heated to the boiling point this liquid was not at all altered ; it neither coagulated nor became transparent. We then filtered this liquid, whereupon it became perfectly clear and transparent. Heated over again it remained unaltered. We now put aside this liquid to examine it more particularly, as will be described further on.

From this preliminary examination we had already derived several conclusions, the results of which we shall give at once, as they guided us in the choice of the analytical methods which we shall next describe, but which only confirmed these, viz :

1. As the dust obtained from the large brownish spots did not alter in appearance after having remained in water, nor color the water itself to a

red or a purplish red, we thus find a corroboration of the microscopical examination, which did not reveal any of the elements of blood in these particles of powder, for a much smaller quantity of powder obtained from scraping the spots of blood would have colored very perceptibly the same quantity of distilled water.

2. The absence of coagulation in the liquid submitted to a temperature of 100°, before and after filteration, shows that it did not contain, in solution, any particles of albuminous matter.

This purely chemical examination had thus shown us, just as the microscope did, that these particles of dust were of mineral origin, entirely foreign to the human body; and therefore the stains were not caused by stains of blood, partially washed or erased by friction.

§ X.—*Statement of the Chemical Analysis of the Dust derived from the brownish spots, which, from their color, were supposed to be formed by Blood, that had been either washed or rubbed with some substance to make it disappear.*

We first examined the action of distilled water on the dust derived from the stains. In order to do this we divided it into three parts, and put each of these parts into a separate tube. In the first, nitrate of silver gave rise to a decided white, fleecy precipitate, which was dissolved in aqua ammoniæ, thus showing the presence of a small quantity of soluble chlorides.

The chloride of barium produced in the second tube an abundant white precipitate, which was not dissolved when the liquid was slightly acidulated with sulphuric acid. This test revealed the existence of a considerable proportion of soluble sulphates.

In the third portion of the liquid we produced a slight blue color by adding prussiate of potash to its contents, showing traces of the salts of peroxyde of iron. The blue color became somewhat more intense by evaporation and reduction to one-half of the liquid tested.

We then put the pulverulent deposit, of which we have already spoken, into some water, acidulated by hydro-chloric acid; the whole mass was dissolved in the course of about an hour, producing at the same time a continued effervescence and escape of small bubbles of gas. The small quantity of material upon which we operated prevented us from collecting these, but every circumstance goes to prove that they were produced by the action of the hydro-chloric acid upon the carbonates, displacing carbonic acid gas.

The dissolution, when complete, presented a slight bluish tint; the liquid thus obtained was still very acid, as was shown by test paper, which was immediately reddened. We divided it into three equal parts, in as many different tubes. In the first, a small quantity of chloride of barium gave no precipitate; but when the liquor was rendered neutral by the addition of aqua ammoniæ, it immediately gave rise to an abundant white precipitate of phosphate of baryta. A white precipitate was also produced by adding an excess of acetate of lead to another portion of this liquid. These tests revealed to us the presence of a certain proportion of phosphoric acid, in combination with lime for the most part, forming those irregular grains of mineral dust seen under the microscope, and deposited in distilled water. This will be still better established by the following tests: To the second portion of the liquid we added an excess of oxalate of potash, which immediately produced an abundant granular precipitate, collecting rapidly at the bottom of the tube, and formed of oxalate of lime.

Finally, to the last portion of liquid we added some yellow prussiate of potash, which gave rise to the well-known prussian blue. These different tests thus proved, like the microscopical examination :—

1. That the powder derived from these brownish spots—which were somewhat of a lighter color than those in which were seen blood-globules and fibrine—contained none of the elements of blood, nor any other animal matter.

2. That this dust was composed of a small quantity of cotton filaments, but principally of mineral substances, such as those which are found in most of the ordinary earth-dusts.

3. That most of the latter substances were in the shape of irregular grains, some greyish, or colorless, formed principally of phosphate and carbonate of lime, with traces of soluble sulphates and chlorides, and perhaps some sulphate of lime.

4. That the other irregular grains, less abundant than the first, and which gave the rusty appearance to the dust, were doubtless composed of the oxyde and carbonate of iron; and the different tests revealed their presence in much greater quantities than those appertaining to animal substances.

5. That the lighter spots, which appear to have been rubbed or spread out by washing, were not produced by blood, but by dust or mud, which had soiled the garment of the accused before the perpetration of the

crime. This latter conclusion is corroborated by the fact that on some of these mud-stains we found some spots of blood, having the same characteristic appearance as those which were found in other parts of this blouse.

§ XI. *Answers to the Interrogatories propounded by the Presiding Judge.*

Having ascertained that the large rusty spots, of a paler color than the others are not formed by blood, but by earthy matters mixed with oxyde and carbonate of iron in the shape of dust, we can answer:

Yes! the blood from the open carotid artery of a duck may be thrown in sufficient quantity to produce the numerous small bloody stains on the sleeves, the front, and even the back. But, *a fortiori*, these very stains, of whatever shape, could have been derived from arteries situated in different soft parts on the head of an old woman; which arteries may be wounded and cut by violent blows on the head with a sharp or heavy weapon; this conclusion is more probable since an examination of said spots showed evidently that they contained the elements of human blood, and not those of a duck; the experts appointed in this case may now answer the above interrogatories as follows:

1. The dark-red brown stains found on the blouse are formed by blood, which has lost, by evaporation, the water rendering it fluid. In blood alone do we find combined the red globules, the fibrine and white corpuscules, such as we have distinctly recognized in this case.

The microscope alone could have enabled us to decide this question, because those spots were too small to show by chemical tests the albuminous elements of blood. It is, moreover, well known that albumen and its analagous compounds may be found not only in the blood stains, but in many animal liquids, and 'even in certain vegetable products, whether colored or not. On the contrary, blood alone combines together fibrine, the flattened, circular, red globules, having no nuclei, and the spherical white globules having from one to three nuclei, as revealed by water or acetic acid.

2. Independently of those spots, which, to the naked eye, resemble stains of blood, there were no others of like nature; those which are paler and appear to have been washed or rubbed, are not produced by blood. Their examination showed that they contained none of the elements of blood. For the microscopical examination, completed by the chemical analysis of the substance derived from scraping these spots, showed

that they contained grains of mineral and earthy matters, some of a calcareous nature, as the phosphates, carbonates and sulphates; others of a reddish brown color, being composed of the oxydes and carbonate of iron; these substances being generally met with in the mud and dust which produce stains on the clothes of workmen. But on some of these earthy stains certain spots of blood were seen, which had all the characteristic appearances presented on other parts of the blouse not similarly stained.

3. The spots, which are really blood—that is to say, having all its elements, less the water, which has evaporated—do not exist in sufficient quantity for us to say that they could not have been produced by a jet from the arteries of a duck, for these could throw blood far enough to bespatter a person situated near one killing a duck.

4. But the elements of blood forming those stains are not such as are characteristic of the blood of a duck. The blood corpuscles of birds have a flattened, oval shape, a larger volume, and a central nucleus.

5. On the other hand, the elements of blood found on these stains unquestiónably belong to the human species, for there we find the fibrinous network, and the usual reactions with acetic acid; we find, also, the white corpuscles of human blood having the size, volume, granular appearance, nuclei and chemical reactions which are peculiar to those anatomical elements. The red corpuscles are also distinctly seen, having the size, circular, flattened, bi-concave form, and the reddish hue peculiar to the blood corpuscles of man when seen by transmitted light; they have also the same chemical properties, viz: solubility in water and acetic acid, without leaving any nuclei behind.

But in the present state of the science we can go no farther; we cannot determine from the appearance of the blood, the sex or age of the individual to which it belonged.

6. We can have no hesitation in asserting that these stains could have been derived from a jet of venous or arterial blood caused by wounds on different parts of the head of a person; said wounds being caused by several successive blows from any sharp or heavy instrument.

7. The undersigned experts have shown, by the details with which they have described the different steps of their investigation, that the process to which they have had recourse offers greater certainty, exactness and precision, than any other method heretofore employed. For, the microscope alone, can reveal to us, not the albuminous or ferruginous elements of blood, but its peculiar constituent particles, those by which it is really

characterized, in contra-distinction to other liquids of the animal economy; for the fibrine, the red and white globules, are found in blood alone. The certainty and precision of microscopical investigation is proved by the fact, that this instrument alone could have shown whether these spots were formed by human blood, or those of another animal; as it is by means of the microscope, that we have established the differences in size, volume and appearance, between human blood globules and those of birds, reptiles and fishes.

Beside the power given to us by this instrument, of examining the smallest possible particles supposed to contain blood, it has also the superior advantage of precision and certainty, for chemical analysis though operating on large quantities of blood, could only reveal the presence of the albuminous or ferruginous principles of blood; now these elements are common to all the animals above mentioned, as well as to man himself, so that (except by the use of high magnifying powers) it is utterly impossible to discriminate between the blood of a bird and that of man. Chemical tests are therefore of secondary importance, compared to the microscope, in all examinations similar to those above described.

CREOSOTE IN DYSENTERY.

Messrs. Editors—In the last number of the Medical News and Hospital Gazette there is an article on Creasote, taken from the Nashville Journal of Medicine and Surgery, illustrative of its efficacy in the treatment of Dysentery. I have taken the liberty of addressing you a few words on the subject, with the view of adding my own feeble testimony in favor of a remedy which is destined to become, ere long, a most potent and valuable one, in the treatment of Dysentery in its most malignant form. More than twelve years ago, a Dysentery prevailed in a malarious section of this Parish, (Avoyelles) of a very malignant and fatal type, so much so, as to resist every method of treatment that seemed to be predicated on a correct pathology. It was finally arrested by Creasote. My confrères and I gave it in drop doses every two hours in gum arabic mucilage. The patients would scarcely take the third drop before experiencing relief from all the most painful symptoms. It appeared to arrest the phenomena of Dysentery, like other medicines of this class, by some specific action on inflamed mucous surfaces.

I am, very respectfully, yours, etc.,

G. E. ELMER, M. D.

Marksville, Louisiana, November 20th, 1857.

THE PHYSIOLOGY OF INTOXICATION.

By I. L. Crawcour, M. D., Prof. of Chemistry and Medical Jurisprudence, N. O. School of Medicine.*

It may be enunciated as a general law, that every stimulant acts as a sedative, and every sedative acts primarily as a stimulant. From this it follows that the action of these two classes of agents is to a certain extent identical, and that the difference is one of degree and not of kind. A substance may have time to exert but a slight stimulating agency, before its sedative effect occurs, and, conversely, a substance may produce an inordinate amount of stimulation before its secondary sedative effect takes place. The one we should, in medical classifications, place under the head of stimulants—the other under the head of sedatives. They may be exemplified in the actions of alcohol and opium. Now, to what cause can this discrepancy, and yet similarity of effects be due? There must be a common agent acting in both—and what is this agent, that produces such protean influences—at one instant exciting us to madness, at another locking us in the embrace of a profound sleep, or of death? I affirm that this agent is *carbonic acid*—and that it, alone, is the cause of all stimulation, and of all sedation.

It is obvious, that whether we prevent the evolution of a substance normally produced in the system, and which should be excreted, or whether we increase its production, the effects will be the same in either instance: an excess of that substance will be left in the system in a given and equal time. Thus, if the normal evolution of carbonic acid should be 10 grains in the minute, and by some means we suppress this and reduce it to five grs. in the minute, it is clear that there must remain in the system five grs. in excess for every minute that the evolution is prevented, and this will be identical with giving a substance which shall cause the production of 15 grs. in the minute; in either instance five grs. extra will be in the system, over an above what should exist normally in a given time; and thus, excessive production and diminished evolution will produce the same result.

Now, we find, by direct experiment, that whatever means we employ for the production of exhilaration, stimulation or the highest grade of intoxication, sedation, or even coma, all, either directly increase the production of carbonic acid, or interfere with its evolution, thus causing its accumulation in the system. Thus, bodily exercise, which all will find to be a potent means of exhilaration, if used in moderation, produces a considerable increase in the amount of carbonic acid exhaled. "According to Vierordt, (as cited by Carpenter) the increase of quantity amounts to one third of the quantity exhaled during rest, but if the exercise be prolonged, so as to occasion fatigue, it is succeeded by a diminished exhalation"—and consequently, retention in the system. Now, the lowest stage of intoxication and simple exhilaration, and its highest stage or coma, differ but in degree, and have intermediate stages characterized by certain well defined phenomena, and the sole difference depends entirely upon the amount of carbonic acid present in a given time in the system. A small amount exhilarates, a large quantity intoxicates, and if the quantity become much increased we have delirium, convulsions, coma, or death. Let us first prove that a moderate quantity of carbonic acid will exhilarate. Some years ago, in company with many other students of Guy's Hospital, I paid a visit to Barclay's Brewery; the fermenting vat was a veritable Grotto del Cane, being about twenty feet deep, and filled to the brim with gaseous carbonic acid. It was a practice with us to bale out the carbonic acid with our hats, and, placing them on our heads, allow the gas to stream over our faces and body, and thus inhale it broken up and mixed with the atmosphere; in every instance, after one or two hatsfull had been used, stimulation, and in some instances, veritable intoxication was produced. It is well known that the drinking of two or three glasses of ærated or soda water, in rapid succession, will produce giddiness, vertigo, and a transient intoxication.

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*Under the generic term Intoxication, I include all the grades of stimulation, sedation and narcotism.

M. Collard states that he knew a priest habitually frugal and temperate, who always became tipsy whenever he drank seltzer or other ærated waters. He also cites other cases, as occurring in his own experience; among others, of a young man who became intoxicated, even when he used the gaesous water diluted with two-thirds of milk. (Dictionnaire de Medecine, vol. vi., p. 371.) In a case cited by Orfila (Toxicologie, vol. ii., p. 772) of a man poisoned by carbonic acid, but who subsequently recovered, the patient stated that he felt his strength gradually diminishing, but the pleasant sensations he experienced forced him to remain exposed to the action of the deleterious gas; and at length, he says, he fell asleep. The history of the old oracle of Delphi is but another exemplification of the intoxicating effects of carbonic acid. At Delphi was a cavern from which certain exhalations rose, which produced convulsions and temporary frenzy, which were supposed to be symptoms of divine inspiration. Over this cavern was placed the Pythia, or Priestess, who in her delirium, produced by a certain exposure to the vapors of the cave, let fall the unconnected words which, when framed by the attending priests, produced the oracle. Now, we know of no vapors which arise naturally from the earth, and which are capable of producing symptoms of this kind, and which are odorless, but carbonic acid; sulphurous acid, even if diluted, is too suffocating to be breathed; sulphureted hydrogen produces almost instantaneous coma or death; and thus, by the doctrine of exclusion, we are bound to suppose that the oracle which conducted Pyrrhus to his death, and Alexander to the conquest of the Persian Empire, was due to the inhalation of diluted carbonic acid. I have no doubt that the Grotto del Cane, at Naples, and the Upas Valley of Java might, under proper management, rival Delphi or Dodona. In addition to these instances, I might adduce the fact, obvious to all, that those wines which contain the least alcohol, but are ærated by carbonic acid, rapidly produce intoxication, even when used to a much less extent than the stronger beverages. Champagne contains but 12 per cent of alcohol, Sparkling Moselle but 9 per cent, while Claret contains 15 per cent, Madeira and Port 22 per cent, and yet the intoxicating properties of the two former are out of all proportion to the latter, and can only be accounted for by the free carbonic acid they contain.

We thus see that carbonic acid possesses absolute exhilarating and stimulating properties—and we shall also see that every substance which produces these effects does so by virtue of the carbonic acid which it introduces into the system.

Let us take, for example, that which may be considered the purest form of stimulation, viz: the inhalation of pure oxygen or nitrous oxide. Dr. Carpenter, alluding to some experiments with carbonic acid which produced coma, says: "It is singular that the effects of the respiration of pure oxygen should not be dissimilar. At first the rapidity of the pulse and the number of the respirations are increased, and the animal appears to suffer little or no inconvenience for an hour; but symptoms of coma then gradually develope themselves, and death ensues in six, ten or twelve hours; when the body is examined, the heart is seen beating strongly, and the blood in the veins, as well as the arteries, is of a bright scarlet tint, several of the membranous surfaces have the same tint * * * the blood coagulates with remarkable rapidity * * * and it is likely that one cause of the fatal result is a stagnation of the blood in the systemic capillaries, consequent upon the want of sufficient change in its passage through them." Now, it is evident to my mind that the stimulation and coma, and death were not produced by the oxygen, but solely resulted from the presence of an abnormal quantityof carbonic acid. The oxygen introduced in excessive quantity combined first with a moderate excess of carbon from the tissues to produce carbonic acid; at length, as the tissues became more rapidly consumed, a larger excess of carbonic acid was generated, and death by ordinary asphyxia occurred. How a substance like oxygen, which we daily consume, can produce stagnation of the blood, I cannot comprehend, but we do know that carbonic acid will produce that effect, by crystallizing the hœmatosine, and thus preventing the circulation. From recent experiments of M. Wauner, we find that carbonic acid introduced by endosmose into the capillary vessels of the pulmonary cells, combines with the hœmatosine of the blood contained in these vessels, forms in them small crystals, and thus necessarily impedes the motion of the blood.

Analogous results occur from the inhalation of nitrous oxide, and my first attention to this subject was produced by observing that the lips of some who inhaled the gas became blue, and by noticing the same effect upon myself during several experiments. By the respiration of this gas, as all are aware, the circulation becomes greatly quickened, and a state of intense exhilaration occurs, but if the experiment be conducted long, a corresponding depression rapidly ensues, for the amount of carbonic acid generated becomes so enormous, that the lungs are inadequate to effect its removal, and coma, and all the usual symptoms of poisoning by carbonic acid occur. Now we cannot suppose that the increase in the amount of carbonic acid generated occurred at any one particular moment, and that then the symptoms of poisoning occurred. No, the increased generation of the gas occurred with the first inspiration of the nitrous oxide, but it was not until an excessive amount had been engendered within the system that its poisonous effects were produced; while it existed only in a moderately increased quantity, it induced but exhilaration and pleasing intoxication. That carbonic acid is truly produced in excess by the respiration of nitrous oxide, is proved by some experiments of Zimmerman, who found that a rabbit which exhaled 12½ grs. of carbonic acid per hour in the air, exhaled 20 grs. when breathing nitrous oxide.

It may be objected, that death produced by inhalation of oxygen, or nitrous oxide, cannot be due to carbonic acid, because the blood, in all cases, is red and florid, whereas, had death been the result of carbonic acid, he blood should have been black. Now, we have the high authority of Orfila for denying that the black color of the blood is necessarily the result of poisoning by carbonic acid. He says: "In poisoning by carbonic acid, the black color of the blood cannot be considered in the light of a constant and characteristic cadaveric phenomenon of this mode of death." (Toxicologie, vol. 2, p. 775.) He gives several instances where the blood was found red and coagulable, and mentions especially one in which the vessels were filled with liquid red-blood, and the muscles were of a roseate hue; and we know that the diseases in which the blood is found blackened after death are few, and that in the majority, it is usually found of its normal red color. Yet we have the authority of Dr. John Davy, for stating that in the majority of the instances in which he examined the blood after death, he found it loaded with carbonic acid. This condition he considers "capable of throwing some light on the immediate cause of death, and that happy absence of pain in dying which is commonly witnessed." (Experiments on the Blood in connection with Respiration.)

In addition to this, I deny that oxygen, on the one hand, and that carbonic acid, on the other, are necessarily the causes of the red or dark color of the blood. We know, from experiments, that many substances, such as dilute sulphuric acid, ammonia, etc., will darken the blood, and that others, as common salt, sulphate of soda, nitrate of potash, etc., will brighten it and render it florid; yet neither does the one produce oxygen, nor does the other evolve carbonic acid. I consider the change as due solely to an alteration in the molecular condition of the blood; that there is nothing necessarily added or taken away, but that an allotropic condition may occur, similar to what takes place in many other bodies. If we take the red binoxide of mercury, and gently heat it, we observe its color change and it becomes yellow; by crushing it with the finger, it instantly recovers its original red color. Now, in this instance, nothing has been added or taken; all that has occurred has been a transposition of its particles—a molecular change. In phosphorus we have the same phenomenon exemplified, the red uninflammable or amorphous phosphorus being identical with the yellow inflammable metalloid. And the conversion of sulphur into three apparently different substances is familiar to all—all are allotropic modifications of the same element, and are susceptible of conversion one into the other without change; the only change has been the addition or abstraction of heat, and it may be possible that these transformations may be due to this agent. If so, the color of the blood may also depend on the same cause, as we know that the specific heats of venous and arterial blood differ.

Ether and chloroform may be taken as exemplars of narcotics, which, in the words of Headland, are defined as substances which at first exalt nervous force, and then depress it; and we find that both materially interfere with the evolution of carbonic acid. Thus, Dr. Snow found that while a dog exhaled in air 10.1 grs. of carbonic acid, he only exhaled 4.8 grs. when he breathed air containing 36 grs. of chloroform vapour. He found that a cat exhaled in air 5.7 qrs. carbonic acid. In air mingled with 20 grs. chloroform vapor the same animal only exhaled 2.0 grs., or less than one-half.

Alcohol produces a similar diminution. Vierordt found that after drinking half a bottle of wine, the carbonic acid exhaled fell from 4.54 to 4.01 per cent., being one-ninth of its whole normal quantity. Now, these may be taken as types. They all primarily stimulate, and secondarily depress; and, in my mind, there is no question that these two opposite effects are solely due to one agent, viz: the progressive accumulation of carbonic acid in the system. In the primary stage of chloroform inhalation, we have stimulation; a moderate quantity of carbonic acid in excess is in the system. By continuing the inhalation, delirium and coma are produced; a gradual increase of carbonic acid has occurred, and a state of partial asphyxia is produced. Strong tea—a powerful stimulant—was long ago proved by Dr. Prout to have the property of diminishing the amount of carbonic acid exhaled. And it is singular that the diminution of carbonic acid continues for many hours after the intoxication has partially passed off—in fact, until the whole quantity of the substance ingested has been expelled from the system. And this explains a singular circumstance I have observed in myself, viz: that if I breathe chloroform until sleep is produced, but little inconvenience is felt the next day; but if I breathe it for two or three days successively, a sense of *malaise*, nausea and vertigo is produced, lasting for several days. Now, if we suppose that each inhalation interfered with the evolution of carbonic acid, then the quantity of this gas accumulated in the system must have been enormous, and would be quite sufficient to produce the effects cited. And I have no doubt that the deaths attributed to chloroform are true asphyxias, or poisonings by carbonic acid. We shall find as we extend our investigations, that every substance which either stimulates or depresses, either directly or indirectly increases [illegible] quantity of carbonic acid present at any one moment in the body; directly, by rapid combustion of tissue, as in the instance of nitrous oxide; indirectly, by interfering with its evolution, as in the case of chloroform. And, as far as they have been examined, we have the authority of Dr. Halley for stating that strychnine, brucine, hydrocyanic acid, narcotine, quinine and morphine, all interfere with and lessen the evolution of carbonic acid from the system. And it is somewhat singular that all these substances should be composed of an enormous amount of carbon. It may be argued, that the toxic effects of these substances may be due to their preventing the oxidation of the tissues, and thus interfering with the removal of effete matters from the system; and that, consequently, the diminished evolution of carbonic acid is the result of such diminution of oxidation, and that there is no increased retention of the gas in the system. To this I reply, that carbonic acid is a product, and not an educt; and that the experiments of Spallanzani have conclusively proved that the formation of carbonic acid does not depend upon the presence of oxygen, introduced into the system from without. Spallanzani found that a frog, placed in hydrogen or nitrogen gases, and having had his lungs compressed at the moment of introduction, expired carbonic acid. This gas could not have been formed in the lungs, as all air had been pressed out. It must have been produced from and in the tissues of the body, themselves. If we compare the symptoms of poisoning by carbonic acid, by simple asphyxia, or by opium, we shall find them almost identical, differing but in the rapidity with which the effects are produced; and the post-mortem appearances will also be nearly identical. We are, therefore, on this ground alone, justified in asserting that, where similar symptoms and appearances are produced, the agent producing them, in whatever manner it be disguised, is also similar.

Dr. Brown-Séquard, in his Physiological Researches, has borne indirect evidence to the powerfully stimulating properties of carbonic acid. He states, "that arterial blood contains the nutritive material for the tissues of the body; and upon this nutrition depend the vital faculties of these tissues. The arterial blood preserves and maintains these faculties, but is unable to put them in action. It gives irritability, but is unable to excite contraction." "Venous blood, on the other hand, is not a nutrient, but an *excitant* substance. Though unable to support the vital faculties, it can stimulate an irritable muscle, or excite a nervous centre—produce in that, a contraction; in this, a reflex act." The stimulant effects of venous blood are best seen in death by asphyxia, from whatever cause, and the following are some of his experiments to prove the superior stimulant effect of venous blood. In Guinea pigs, who had arrived at nearly the full period of gestation, parturition was produced by suddenly applying a ligature to the trachea. In an animal just dead, one posterior extremity was injected with venous blood, whilst into the opposite limb arterial blood was thrown. In the latter case no movements followed, while in the former well-marked spasmodic contraction of the muscles ensued. And in addition to these, Mr. Brown-Séquard concludes from many other observations, that venous blood is the true stimulant and cause of the rythmical contractions of the heart.

Now, in what consists the difference between arterial and venous blood? Simply, the latter contains more carbonic acid and less oxygen than the former. To what can we attribute these stimulating properties of venous blood? Clearly, only to the excess of carbonic acid that it contains; this being the sole ingredient rendering it different from arterial, and consequently the sole agent which can confer upon it different properties.

I have thus, in the preceding pages, endeavored to elucidate a subject hitherto ignored. I have endeavored to answer the question, why one substance in a small dose should excite, and why in a large one it should produce coma or death? It is possible that my replies may be erroneous, and my theory be incorrect; even if so, I shall judge I have done an acceptable service in opening the subject for investigation, and causing brighter minds to explore a series of phenomena hitherto unexamined and unaccounted for.

MECHANICAL OBSTRUCTION OF THE HEART BY ENTOZOA, CAUSING DEATH.

By M. Schuppert, M. D., of New Orleans.

Messrs. Editors—The subject of this notice is from the lower class of society, yet his death and autopsy are fraught with more than common interest to the medical man.

A dog of mine recently closed his career of faithful service, after five days of suffering. He had previously enjoyed apparent health, and, with the exception of an occasional spasmodic cough, nothing indicated that a worm did gnaw his heart. For five days before his death he exhibited extreme debility, making but a few steps at a time, and generally lying on his side with his feet stretched out. His appetite wholly disappeared, and he refused food, but his thirst was great. At length, his abdomen began to swell, the urine assumed a dark brown hue, the respiration became labored, and death closed the scene. An autopsy was made half an hour after death, with the following results :

Thorax—Lungs healthy, but collapsed and bloodless. No fluid in either the pleural or pericardial sacs. The pericardium covered with fat. On cutting out the heart, the veins yielded a thin dark-colored blood. The vena cava ascendens was cut near the auricle, and, to my surprise, I found it filled with long white filaments, which soon proved to be *worms.* They not only occupied the superior portion of the cava, but further dissection discovered the right auricle to be filled with them, the right ventricle to be partially filled, and many of them reaching a considerable distance into the pulmonary artery. The right ventricle contained some coagulated blood, in which the worms were embedded. All the worms had their heads "up stream," or in the direction of the current of the blood towards the lungs. Although the autopsy was made very soon after death, the life of every entozoon was extinct. The ascending cava was so completely filled, that I found difficulty in withdrawing a single worm from the bundle. The coats of this vessel were somewhat inflamed, and it contained two pieces of fibrine about a quarter of an inch in diameter, and already organized.

The left ventricle of the heart was empty. The abdominal walls had a thin layer of fat. The cavity of the abdomen contained about a pint of brownish fluid. The liver and kidneys were congested, and the gall-bladder distended with a saturated yellow bile. The stomach and small intestines were empty and contracted; the lower part of the colon only being filled with fæcal matter. The urinary bladder contained dark-brown urine. The heart was the only organ containing the entozoa, which were, as it were, migrating from the vena cava.

The entozoa were from five to twelve inches in length, and about one-sixteenth of an inch in diameter. They were round, elastic, colorless, and partially transparent. The upper extremity was of a conical form, and the caudal extremity pointed and filamentous. With the naked eye a canal could easily be traced through the whole length of the worm—the same being reddish colored for about two inches in the upper end, and white and curved here and there in the middle and inferior portions. When cut across, a moderate magnifying power showed distinctly two canals. The microscope shows these entozoa to be composed of a double sac, the inner and larger one seeming to contain a vascular apparatus, including the before mentioned canals; one of which presented cells with nuclei. One of these has been regarded as the intestinal canal, the other as the organ of generation.

The anatomical structure of this entozoon will place it with the genus *Filaria.* Gruby and Delafond have been the first to detect this species of Filaria in the blood of the dog. In a memoir presented at the Academy of Sciences, in Paris, the same authors mention another kind of hematozoon which they have recognized in the blood of dogs by means of the microscope. These animalcules could not escape our notice in the present case. We found them in all parts of the liver in great numbers, and moving about in the fluid with great velocity. They are one-twentieth of a millimetre in length, and one three-thousandth to one-five-thousandth in diameter, colorless, transparent, and containing many cells, with nuclei. They correspond in appearance to the Filaria before described. Twenty-four hours after the liver had been removed from the dog, we found them living. G. and D. assume that they are capable of living even ten days after the blood has been drawn, and that they had found them in the veins, arteries, and capillaries; but they did not exist in the urine, fæces, in serous effusions, or in any other part of the system. The same authors estimate the number in a single individual at 20,000 to 100,000.

While occupied with the examination of this case, a friend informs me that he hears of another dog whose heart has been found full of worms. It is sufficient for the present, however, to have invited the attention of the Profession to a matter not devoid of interest. I hope to make further investigations.

IMPERFECT RESPIRATION IN AN INFANT—ARTIFICIAL REMEDY—RECOVERY.

By T. J. Heard, M. D., of Galveston, Texas.

From my Case Book, 1853—October 1st, was called at 12 M., to the infant daughter of Mr. ——. The child was born about two hours before my arrival at the house. I was told by the midwife that the labor had been easy and rapid—that the baby cried lustily for half an hour after birth, and that she had given it (according to her custom) one grain of calomel. She washed and dressed it, and very soon thereafter it began to make a peculiar moan, and had kept it up ever since. I found it quite cool, hands and feet blue, respiration rapid, and each respiratory effort attended with the peculiar moan, as if it was in great distress. It had taken the breast soon after birth, but was now dead to all external impressions. Mustard foot bath was ordered; diffusible stimulants (as brandy and camphor) were given—or, rather, the attempt to administer them was made, but it did not seem to swallow at all. Every precaution was taken to keep it warm.

6 P. M. A little more quiet—hands and feet not quite so cool and blue, but the moaning continued. Respiration the same—no more alive to external impressions. Continued treatment.

October 2d, 8 A. M. *In statu quo.* With the exception of slight remission in the moaning, I could see no change.

12 M. I was called in great haste. After my visit at 8, the midwife had called, had sponged the babe with tepid water, and before she could dry and dress it, it had become very much chilled. I found it laboring under extreme dyspnœa, and hands and feet cold and blue. The moaning was now of the most distressing character. I felt satisfied that its lungs were at fault, and determined to resort to artificial respiration. I applied my mouth to the nostrils and inflated the lungs; then compressed the walls of the chest to expel the air; and after repeating the operation six or seven times, I had the great satisfaction to see entire relief of all the distressing symptoms. It was placed in its mother's arms, by night it took the breast, and there was no more trouble—on the contrary, it was soon a fine ruddy child.

At p. 70, 2d edit. of Dr. Stokes' work on the chest, there are some very sensible remarks by Dr. Joerg on this subject. Was there any other remedy than inflation of the lungs for this infant? And are there not a great many such cases lost, on account of the idea that death must result, because the foramen ovale is supposed to be but imperfectly closed, or, perhaps, because some other idea pervades our minds than the one of imperfect respiratory effort.

SPECIAL SELECTIONS.

LECTURE ON THE NERVOUS STRUCTURES AND THE ACTION OF THE HFART.

Being one of the Lumleian Lectures read before the Royal College of Physicians, March, 1857.

By ROBERT LEE, M. D. F. R. S.

I now proceed to relate the circumstances which led to the discovery of the ganglia and nerves of the heart, which enable us to solve the problem of the heart's motion or action. Soon after the uterine system of ganglia and nerves had been demonstrated in 1838, I began to reflect on the analogy which exists between the structure and physiology of the uterus and heart, both powerful involuntary muscular organs, yet greatly under the influence of the brain and all the organs of the body copiously supplied with nerves. It was impossible to avoid coming to the conclusion, from all the phenomena of the heart's action, that it must be endowed with a great system of ganglia and nerves, similar in some respects to those of the uterus, which had not been discovered. I felt the strongest desire to know whether, if the heart, as I suspected, did possess ganglia and nerves like those of the uterus, these nervous structures would be found enlarged in hypertrophy like those of the gravid uterus, and whether those of the left ventricle would be found larger than those of the right, and if the auricles were supplied less copiously than the ventricles.

The constant pulsations of the heart from the commencement to the close of life evidently required a far greater supply of nervous influence than had been represented in the works of the most celebrated anatomists. The heart acting many hours in some creatures after being cut out of their bodies: portions of it contracting rhythmically, as it is called when the heart had been cut in pieces; its movements when they had nearly ceased being roused by galvanism and mechanical irritation; the effects of stimulants and narcotics on the contractions of the heart; the circulation having been carried on in the most perfect manner through the placenta, and all the viscera of a fœtus, which I had seen born without brain and spinal cord; the symptoms in cases of angina pectoris, and sudden death from organic diseases of the heart; the sympathy which exists between the heart, the lungs, stomach, liver, intestines, and above all the uterus; no explanation could be given of all these circumstances without supposing that the heart possessed great nervous centres which had never been seen, and never before suspected to exist.

I had often put this question to the most distinguished anatomists and physiologists—From what source does the heart derive its sensitive and contractile powers? but no satisfactory answer was ever received. I urged several anatomists to undertake the investigation of the nervous structures of the heart, and assured them if they did so that their labor would not be lost. At last I induced one to undertake the task. When a year had elasped I went to see what progress had been made, and found that he was just on the point of commencing—of breaking ground; the serous membrane had not been removed from the surface of the human heart.

On the 23rd of April, 1846, an accidental circumstance occurred which made me determine to undertake the labor myself. On that day I went into the library of the Royal Society, where I found the president, a professor of physiology, and a microscopical anatomist. A warm discussion immediately commenced respecting the nervous structures of the uterus, when it was asserted that the uterus did not require such ganglia and nerves as I had described and represented in the Philosophical Transactions, because the heart had no ganglia and few nerves. I inquired of the professor who made this assertion, if he had ever dissected the nerves of the heart, and the reply was that he had never done so; but in support of the truth of what he had affirmed, I was referred to the plates of Scarpa and of Swan, in which you see the muscular structure of the human heart is represented as almost entirely destitute of nerves, from which it might be inferred that the action of the heart did not depend upon nervous influence.

Having procured the heart of a child six years of age, that had died of disease of the brain in St. George's Hospital, and having removed all the blood by immersion in water, it was covered with strong alcohol, and on 12th September, 1846, I proceeded with these small forceps and needles, and this dissecting lens, magnifying six diameters, to see what could be discovered. In a few hours the serous membrane was removed; underneath were seen numerous branches of nerves with ganglionic enlargement wholly unconnected with the coronary arteries, ramifying on the surface, and plunging into the muscular substance of the heart. These were traced to the base, and found to terminate in a great ganglionic plexus, situated between the pulmonic artery and aorta, into which branches from the par vagum, recurrent and sympathetic, entered. The same evening I showed these ganglia to Mr. Wharton Jones, and begged him to compare them with the plates of Mr. Swan. He saw the whole surface of the left ventricle, from the base to the apex, covered with an immense plexus of ganglia and nerves. It was now obvious that the ganglia and nerves of the heart had been overlooked as much as those of the uterus, and that no argument against the existence of the ganglia and nerves of the uterus, which had been demonstrated to exist, could be drawn from the assumption that the heart had no ganglia and few nerves.

The investigation thus commenced was continued without interruption till the month of May, 1847, when I had made dissections of the ganglia and nerves of the healthy and malformed fœtal heart, of the hearts of birds, of the heart of the child at the ages of six and nine years, of the heart of the adult in the sound state, of the human heart slightly and greatly hypertrophied, and of the heart of the young and adult heifer and horse. These dissections warranted me in drawing the following general conclusions:

1. That the blood vessels and the muscular structure of the auricles and ventricles of the heart are endowed with numerous ganglia and plexuses of nerves, which have not hitherto been described or represented in the works of other anatomists.

2. That the nervous structures of the heart, which are distributed over its surface to the apex, and throughout its walls to the lining membrane and columnæ carneæ, enlarge with the natural growth of the heartbefore birth, during childhood and youth, until the heart has attained its full size in the adult.

3. That the ganglia and nerves of the heart enlarge like those of the gravid uterus, when the walls of the ventricles are affected with hypertrophy.

4. That the ganglia and nerves which supply the left ventricle are more than double the size of the ganglia and nerves distributed to the right side of the heart.

In prosecuting this investigation into the nervous system of the heart, I found that the great difficulty of dissecting and displaying the ganglia and nerves did not arise so much from their extreme softness, from their close and intimate connection with the blood vessels, or from the quantity of adipose matter in which they were imbedded, as from the presence of a dense fibrous membrane or fascia, which was interposed between the serous membrane and the muscular coat, of whose existence as a distinct tissue of the heart I had no knowledge when these researches commenced. In the most recent systematic writers on anatomy, the heart was represented as consisting of muscular and tendinous structures, blood vessels, nerves and absorbents, enclosed between two serous membranes.

On examining this fibrous membrane after the removal of the serous covering, it is found to be possessed of great strength and firmness, glistening, semi-transparent, and resembling, in all respects, the aponeurotic expansions, or fasciæ covering muscular organs in other parts of the body. It is much stronger over the ventricles than the auricles, and it adheres so firmly where it is in immediate contact with the muscular ubstance of the auricles and ventricles, that its separation often cannot be effected without tearing up some of the muscular fibres to which it is attached. From the inner surface of this fascia, which I have named the Cardiac Fascia, innumerable strong fibres pass to the blood vessels, nerves, and muscular fasciculi, and adipose matter. These slender fibres, connected with or proceeding from the inner surface, accompany and surround all the blood vessels and nerves, and they are interlaced together so as to form a peculiar stroma, if it may be so termed, of remarkable thickness, between the fascia and all the various structures beneath which it invests and binds together in the strongest possible manner. These fibres form a complete sheath around all the arteries, veins and nerves on the surface of the heart, and accompany them as they dip down between the muscular fasciculi, to which these branches are distributed throughout the entire walls of the heart, from the surface to the lining membrane. The cardiac fascia is obviously one of the principal causes of the firmness and strength of the central organ of the circulation of the blood, as it binds together into one mass, and gives support to the muscular fibres, like the fasciæ investing other muscles. The thin serous covering of the heart can possess little power, and add nothing to the strength of the parietes, and probably but for the fascia now described the heart would often yield in all directions.

In a pathological point of view the cardiac fascia is perhaps not less worthy of notice. Muscular structure, it is well known, is not liable to attacks either of common or specific inflammation. It is impossible to avoid suspecting that rheumatic inflammation of the heart has for its principal seat this dense fibrous membrane lying between the serous and muscular coats of the heart, and that attacks of rheumatism of the heart do not commence primarily in the muscular structure. The tunica sclerotica of the eye sometimes becomes inflamed, softens and yields; and from these changes it is known that sclerotic staphyloma and other diseases are the results. Whether in dilatation of the heart a similar morbid change is not first set up in the fascia, and what influence this fibrous membrane has in modifying all the diseases of the heart, future observations must determine.

After the removal of the serous membrane from the surface of the ventricles, there are plexuses of ganglionic nerves readily seen with the naked eye through the cardiac fascia, ramifying on the muscular substance of the heart. If these superficial nerves, situated immediately under the cardiac fascia, be traced backward towards the base of the ventricles, they are found to terminate in a great ganglionic plexus, situated between the pulmonary artery and aorta, to the outer coat of which it adheres much more firmly than to the pulmonary artery. This is the nervous plexus between the pulmonary artery and aorta described by Fallopius more than three hundred years ago. Into this great nervous mass, which enlarges as it passes to the base of the ventricles, branches of nerves enter from the par vagum, recurrent, and sympathetic nerves. From the par vagum or recurrent and great sympathetic, branches pass to the heart behind the aorta and pulmonary artery; but the great ganglionic mass of nerves situated between the aorta and pulmonary artery is properly the root of all the cardiac nerves and ganglia. From the right side of this ganglionic mass, several broad, flat branches of nerves, invested with a soft neurilemma, and accompanied by small blood-vessels, proceed to the right auricle, right ventricle, and to the septum between the ventricles. From the left side of this nervous mass, under the arch of the aorta, several large flat nerves, likewise enveloped in a neurilemma, and accompanied by small blood-vessels, proceed to the left auricle, left ventricle, and the inter-ventricular septum. These large flat nerves pass to the root of the left coronary artery, which they not only completely surround like a sheath, but likewise cover a portion of the aorta near its origin. Many large branches of nerves with ganglia formed upon them, accompany not only all the branches of the coronary arteries to the apex, but all the branches which pass into the muscular substance of the ventricle, and are distributed throughout its walls to the lining membrane and columnæ carneæ. From the deep nerves and ganglia of the ventricles, the muscular structure is chiefly supplied. From the great mass of nerves situated around the roots of the coronary arteries and the aorta, there are numerous branches of nerves with ganglia distributed over the muscular walls of the ventricles of the human heart, which do not accompany the blood-vessels.

On the portions of the ventricles which are devoid of fat, these ganglia and nerves are distinctly visible to the naked eye, through the serous membrane and cardiac fascia, and present a very remarkable appearance. These superficial cardiac nerves are remarkably soft, flat, and somewhat semitransparent, as Scarpa has described, with a grey color, and the smaller branches are enveloped in a soft sheath or neurilemma, which has been regarded by all anatomists as an essential constituent tissue of the nervous structures. Towards the left side and apex of the left ventrical these nerves lie in grooves or depressions in the muscular substance, and they spread out into ganglionic enlargements, from which laterally innumerable small filaments are sent off to the coats of the blood vessels which sink deep into the substance of the heart. It can clearly be demonstrated that every artery distributed throughout the walls of the uterus and heart, and every muscular fasciculus of these organs is supplied with nerves upon which ganglia are formed, and which are the sources of all their contractile powers.

The preparations of the ganglia and nerves of the heart from which this description has been drawn, and the engravings from the Philosophical Transactions, are now placed before you. With the dissecting lens the ganglia and nerves are far more distinctly seen than with the naked eye. There is a very correct drawing of the ganglia and nerves of the heart of the race-horse, not engraved. (Placed also upon the table.)

This anatomical demonstration of the ganglia and nerves of the muscular substance of the heart completely overthrows the last remaining argument employed by those physiologists who still defend the doctrine that the irritability and contractility of muscular fibre are independent of nervous influence. This demonstration of the existence of numerous ganglia on the surface and throughout the walls of the heart, further clearly indicates the source of the actions of the heart as an entire organ, and how ts detached parts can continue to contract after its total separation from the body. It likewise furnishes a satisfactory explanation of all the phenomena observed in the progress of all the functional and organic diseases of the heart.

The circulation of the blood could not have been carried on and life maintained, if the auricles and ventricles of the heart had not alternately contracted and relaxed as they do. Before these ganglia and nerves of the heart were demonstrated, it was impossible to explain the cause of this action or motion of the heart. By some this had been referred to the influence of the brain or spinal cord, while others believed that the contractions of the heart did not depend upon nervous influence. It must now be evident that there is nothing in the action of the heart more mysterious than in the action of the diaphragm and intercostal muscles, and all the muscles connected with respiration and digestion, the larynx, pharynx, œsophagus, stomach, intestines, bladder, uterus, and all the other voluntary and involuntary muscles of the body; the sensitive and contractile powers of the whole muscular system being derived from the nervous structures with which they are endowed, and which are all intimately connected with the brain and spinal cord,—constitute, in fact, one great system.

EDITORIAL AND MISCELLANEOUS.

THE PHYSICIAN A HIRELING.

> "Honor a physician with the honor due unto him for the uses which ye may have of him: for the Lord hath created him.
>
> 2. For of the most high cometh healing, and he shall receive honor of the King.
>
> 3. The skill of the physician shall lift up his head: and in the sight of great men he shall be in admiration." ECCLESIASTICUS.

Another year has rolled away, and we are once again seated to extend to our friends and patrons, through the medium of our pen, the compliments of the season. From the bottom of our heart we wish one and all "a happy new year!" To those who have given us the "solid" evidences of their appreciation of our humble efforts to please and instruct, we say—may you continue in the happy consciousness of having discharged a binding, though a small obligation. To those who have permitted themselves to become largely our debtors in point of obligation, we say—may you "turn over a new leaf" as you begin the new year, and still be allowed the happiness of having emancipated yourselves from obligations to the worst paid man in the world—a Medical Editor.

But, as we contemplate the advent of a new year, both duty and inclination prompt us to do something more than join in the general salutation peculiar to the occasion. If there be a time when erring man may profitably contemplate the delinquencies of the past, and make resolves for future improvement, it must be when he feels that he is one year older (and should, therefore, be wiser), and when he reflects that he has been permitted by the great Disposer to renew the annual life-struggle for such good as this poor world affords.

To one of the fatal and shameful delinquencies of our brethren, then, we propose to devote a new year's editorial; not that we expect to stir up a revolution thereby, but in the hope that we may induce all who read to reflect, and perhaps one to acknowledge the error of his way, and offer himself up an example of contrition to his erring brethren.

At the beginning of each year, the employer and the medical man are found chaffering over the *wages* to be paid by the one and to be received by the other. The physician is making himself a *hireling* to a man who does not comprehend his true mission here, and is so stultified by the desire to save a few dollars, that he cannot appreciate him, and, therefore, is far more apt to abuse than to properly use him. It is needless for the truly conscientious physician to refuse (as he will ever do) to lend himself to this degrading system; the employer's reply is—"I can find one who will"—and, sure enough, he does find a bidder for his miserable pittance.

We ask of our brethren whether this practice is founded in honor, expediency or justice? The best of books bids the people "honor a physician with the honor due to him for the uses which ye may have of him: for the Lord hath created him."

"For of the most high cometh healing, and he shall receive honor of the King."

The services of the good physician surpass in value all other services that man can render man, and will that physician be honored by the employer who knows that he has hired him to render him an unlimited amount of service for a sum far below the real value of the same, and in thus procuring his services he has made him violate one of the highest duties he owes to himself and his professional brethren? In the very nature of things, it is impossible that the physician can make himself a hireling, and maintain that exalted position so long ago awarded him.

The hired physician is never the first choice of the man who has hired him, but has been picked up from mistaken motives of pecuniary economy, after the refusal of the true man to thus degrade himself and his calling. This is the indubitable experience of our brethren, and we hesitate not to record it. The King never *honors* the physician who seeks his patronage through other than the path of real merit; and what is true of the King is true of the peasant. That physician is honored who makes his calling honorable; merit is the measure by which this honor is awarded, and he who seeks worldly success through any other channel, notwithstanding he may attain it, does so at the great cost of his professional brethren, and is neither honored by men, nor an honor to them or his maker.

Again—"The skill of the physician shall lift up his head: and in the sight of great men he shall be in admiration."

No greater truism than this; and as long as the world lasts the skillful physician will thus lift up his head and be admired by great men. But will this same man, whose head is thus lifted up, and who is thus admired, hire himself by the year to dispense his skill? No, never! Nothing but a consciousness of inability to cope with one's professional brethren, who are really skillful, induces the physician to condescend to be a hireling. It requires industry and energy to give a man this skill; the public will feed and clothe the lowest bidder, even if he does not possess the same; and we find physicians willing to pass through a life-time without ever lifting up their heads or being admired by great men. No physician who hires himself by the year can ever lift up his head, or be admired, because he is only employed through pecuniary motives.

But it is *inexpedient* for the physician to hire himself out by the year. In the first place, he exposes himself to the grossest imposition. The family who would only call on him when his services were really requisite, will now call him, night and day, to every little head-ache and toe-ache that may occur. The very servants will have him sent for to administer to their every little ailment. He is hired by the year to do it, and he must go when sent for.

On the other hand, he who is paid by the year, knowing that the stated pittance is guaranteed him, and conscious that he is poorly paid, is all the time sorely tempted to neglect patients in the family to whom he is hired for the year, in order to give the more attention to those who pay him by the visit, or even in order that he may be in his office ready to attend to new patrons.

In each case, there is ample room for dissatisfaction on the part of employer and hireling, and the inevitable result is the destruction of that mutual confidence which makes the physician feel proud of his position and anxious to please and to excel, and which renders the employer contented, and even happy, in the possession of one on whom he can rely in the hour of affliction. Too often does this mutual distrust exist, and the connection between employer and physician is only maintained through the love of lucre, which stands pre-eminent in the heart of each.

But, lastly, the hireling custom is *unjust*. It is injustice on the part of the physician to himself and to his professional brethren, and it is injustice on the part of the employer to himself and the physician he thus employs.

The physician hires himself to a rich family, "to do their practice" for $50 per annum. What precedent has he, in all the other vocations of life, for thus binding himself out to do an indefinite amount of labor for a given sum of money—and that sum never yet known to be adequate? Where will he point us to another set of men pursuing a trade or a profession, who are not, at least by the dictates of common sense, ever ready to protect themselves against such prostitution on the one hand and imposition on the other? Does the merchant sell the country physician's cotton or sugar for so much per annum? Does the tailor furnish the physician's clothes *ad libitum* for so much per annum? Does the grocer, or the butcher, or the baker, or the shoemaker, or milk-man work for the physician on such terms? Does the very cartman agree to come into your alley and carry away the offal for so much per annum, and you to have the privilege of loading the cart as often as you please? Does *any* man labor for the physician on these terms?—No; the very first law of Nature—self preservation—prompts every man and set of men to seek protection against that imposition which is the inevitable result of such a course. The medical man stands alone as an example of the extremest folly induced and engrafted on his nature by the most sordid of all traits of character? Why shall I give myself to the merchant, the grocer, the baker, the banker, or to any man whomsoever, on terms such as he would never for one moment think of giving himself up to me? We can readily conceive of a man pledging himself to do a specific amount of work during the year for a specific sum at the end of said year; but that any sane white man will hire himself to do an *indefinite* amount of labor for a specific sum, (said labor always being hard, and said sum never being adequate, (because, to insure it, you must underbid your brethren,) seems to us totally irreconcilable with common sense and justice to one's self.

But the custom is unjust to our brethren—and this simply because it has its foundation in the disgraceful practice of underbidding. Draymen have their rates, day-laborers have their rates, printers have their rates; all sets of men are on the *qui vive* to protect themselves in the enjoyment of fair remuneration for their labor; but the physician is every day busy in underbidding his fellow practitioner, and if he can only hire himself, he cares not if that fellow starves for the want of the bread he has taken from his mouth. His fellow practitioner *will* starve before he will degrade himself and his calling by swerving from his ethical obligations, and he will help him starve by exercising against him, and always in the most secret manner, the grossest of all injustice.

The employer is doing himself injustice, because, in thus inducing the physician to violate his ethical obligations, as well as to pursue a course in all other respects disadvantageous to him, he is assisting to degrade a set of men, who should of all others be in every moral and intellectual aspect most exalted. Nor is he less unjust to the physician he employs, and to the physician who has rejected his proffered wages. The one, he has tempted into degradation, and he would use him to a far greater extent than he should for the amount paid him; the other, he ignores because he is unwilling to pay him as he deserves, notwithstanding he was his first choice on account of merit, and notwithstanding he now shows himself to be virtuous as well as meritorious.

But we could write a little volume on so fruitful a theme. Will not medical men, in city, town and country, use their best efforts to correct this growing evil? Far be it from us to complain on our own account; for we have never seen the day when we could not make an honest living in a legitimate way, and we shall never hire ourself to any man for less than the value of the labor we perform. Nor do we desire to wound the feelings of any reader who may happen to feel guilty of the course we deprecate. Our pen merely writes down the evil, and appeals to the common sense and justice of the profession for its abatement. The course being pursued is degrading and suicidal to our best interests in every respect. Let quacks and charlatans revel in all the little tricks of trade which may enable them to scrape together an ill-earned living, but let the watchword of the physician be *merit!* Then will he surely make his bread, and then, and only then, will he be honored by king and peasant, and be enabled to lift up his head, and be held in admiration in the sight of great men.

Crawford, the Sculptor.—As was predicted by all the scientific medical men who investigated the affection under which the great American Sculptor labored, speedy death has been the termination of the case. Gibson suffered a keen pang when Mrs. C. charged him with having been the author of her husband's malignant disease, and he suffered the same because the charge was one which reflected the greatest discredit on the profession which he could never have dreamed of dishonoring; but the miserable quack, Fell, of London, (the so-called American Cancer Doctor) is incapable of a single pang of conscience for having led the afflicted man and his wife to believe that he could eradicate the disease. But what a contrast for all honest men to contemplate! The honest and scientific man comes boldly forth and pronounces the true nature of the case, and foretells the dire result: with sorrowful candor, he says—*there is no remedy.* On the other hand, the miserable charlatan undertakes the cure, flatters the sufferer into the belief that he will recover, and actually hastens death by the means employed. The one is rebuked and maligned for his honesty; the other is payed with money for his rascality. *Sic transit gloria mundi!* Poor Crawford! Even Gibson will regret his death, though that death is in itself another stone in the monument which Gibson has long been erecting to his own memory.

Homœopathy.—While in portions of this country many of our most intelligent communities are almost run mad on the subject of homœopathy, the miserable delusion has sunk down, down, down, in Europe, the place of its birth. This is but in conformity with our position in relation to the Paris fashions. When we are all agog with large bonnets here, the ladies of Paris are fast cutting their's down to legitimate nothingness; and now that hoops and crinoline are in full blast with us, there is no doubt that Paris ladies are subsiding gradually into natural proportions. Homœopathy is as strictly a fashion as bonnets, hoops or crinoline, and we look forward to its certain decadence in the United States. In Europe it is going out of fashion, consequently, we know its fate on this side of the water. Indeed, we see the evidences of this in our daily walks through life. The people are returning to their senses, even if they are to be carried away by the next medical mode.

Professorial Change.—Dr. Thomas S. Powell, of Sparta, Georgia, has been elected Prof. of Obstetrics and Diseases of Women and Children in the Atlanta Medical College, in place of Dr. Jesse Boring, resigned.

THE MEMPHIS MEDICAL RECORDER—*Long Medical Sessions.*—For some time past we have missed the Memphis Medical Recorder from our table, and had feared for its safety; but it comes to us again, three numbers at one time (July, September and November), and with the name of Daniel F. Wright, M. D., as Editor. It is, also, now a bimonthly journal. In all things it looks well, and we trust it will flourish.

In the November number of the Recorder we find a long and interesting editorial on Medical Education, and in it we find a *six* months course of Medical Lectures advocated. This is all right; it is just what we are working for every day of our lives; but how comes it, that in Prof. Merrill's Introductory Lecture, lately received, we find the old *four* months system urged most strenuously as the proper one? Profs. Wright and Merrill are in the same school, but they are evidently pulling at opposite ends of the rope in this instance. We intend to notice Prof. Merrill's objections to the extension of the term more at length, but, in the meantime, can't Prof. Wright convince him of the error of his way?

"THE MOTHER'S HAND-BOOK—A GUIDE IN THE CARE OF YOUNG CHILDREN.—*By Edward H. Parker, M. D., etc., etc, New York: Edward P. Allen*, 1857."—To use a common phrase, "this is the age of medical book making." And yet we have no objection to any number of legitimate medical books. We can scarcely open a book without finding something useful in it. But we have ever condemned, and we expect ever to condemn, the writing of medical books *for the million.*

The little book before us is written for the million. In other words, it is, to a certain extent, (and we think, to an injurious extent,) making every mother her own doctor. Every man cannot be his own lawyer, nor his own butcher, nor his own tailor, nor his own shoemaker, nor his own watchmaker, nor his own preacher; and yet every woman is to be made, to a very considerable extent, her own doctor—and this, notwithstanding it is universally conceded that it is more difficult to be a good doctor than either lawyer, butcher, tailor, shoemaker, watchmaker or preacher.

What would be said of a watchmaker who should write a book instructing his patrons how to cleanse and repair their watches whenever they were out of order? And then, imagine every man furnished, not only with a watch, but with an eye-glass and tools complete to keep said watch in running order. It really is a wonder that some yankee watchmaker never thought of this plan; for as sure as there are watches and tools to mend them, he would not only do a thriving business in setting up a world of watchmakers, but he would soon have more watches to mend than ever were known before.

But to the book. Dr. Parker says in his preface—"A smattering of medical knowledge, is an especially dangerous thing." Precisely what we think. But Dr. P. says in the concluding line of his preface, that his book is just the one he would place in the hands of mothers. Certainly a very modest opinion of one's own merits; but we dissent in toto, as we think the book, taken in its entirety, is just precisely calculated to give mothers that "smattering of medical knowledge, which is an especially dangerous thing." Not that every word and every line are fraught with danger, nor that the book does not contain useful practical hints; but because there is nothing under the cover, in the way of practical hints, which every intelligent physician does not daily impart to his patients and patrons, and then there is much inculcated which to our mind is nothing more nor less than meddling, on the part of the mother, with those stages of disease in children to which the family physician has a right to expect to be called. Every day of our lives we are called to treat children who have been under so-called "domestic treatment," and our first regret is that we did not see them sooner. Is it *economy* which suggests the domestic treatment? Then it is the most fatal idea of economy that ever entered the brain of a parent. One or two visits from the family physician can check disease in its early stages, and one or two dozen visits in the late stages may or may not. We say it is the mission of the family physician to go about doing good every day of his life, and after he has acquired that thing called experience, let him leave it to those of his brethren who are to come after him, in the shape of a legitimate medical book, to be faithfully studied by those capable of understanding it most thoroughly.

This book has not been written for the profession, and yet it is sent to us as editors of a medical journal. We have said what we candidly think of it, and if the author disagrees with us, we have only to say—"out of thine own mouth will I judge thee, thou wicked servant." Thou sayest in thy preface, that "a smattering of medical knowledge, is an especially dangerous thing;" and yet thou furnishest to the mothers of babes this very smattering.

By the way, we beg leave to remark here, that in our last number, in acknowledging the receipt of a pamphlet made up of puffs of the Mother'

Hand-book, extracted from the daily newspapers and church organs, we thought it rather a queer idea to send such a pamphlet to us, and we intimated as much. We have since received a letter from the author of the Hand-book, expressing surprise at our "squib," and saying that he had forwarded us a copy of the work, and trusting that a perusal of the same would render us "willing to make to him the *amende honorable.*"

Well, we have read the Hand-book, and we have not one word to say in its favor, as will be perceived. More than this, we even find ourselves constrained to say that we condemn in the most unqualified terms the circulation of the pamphlet of puffs above referred to.

But, speaking of the *amende honorable,* we are astonished that *Dr. Parker* should ever make such a requisition on us, after the delectable editorial penned by him in his Monthly, in the fall of 1855, and which, for scurrility, has no parallel in medical literature. At the time, we treated the editorial with the contempt it merited, and both it and its author had passed from our recollection, until the reception of the letter referred to.

ANOTHER CONTRIBUTION TO THE MUSEUM OF THE NEW ORLEANS SCHOOL OF MEDICINE.—We beg to call attention to the very interesting account Dr. M. Schuppert, of this city, gives of the discovery of worms in the heart of a dog. Dr. S. has presented the preparation to the Museum of our new school, and the curious in such matters can there see the most remarkable specimen of the kind to be found any where. It seems almost incredible—the presence of worms more than a foot long in the cavities of the heart,—yet there they are, and in such numbers as to have at last nearly filled the cavity of the ascending cava.

BOOKS AND PAMPHLETS RECEIVED.

"Materia Medica and Therapeutics, with ample illustrations of practice in all departments of medical science, and very copious Notes of Texicology, suited to the wants of medical students, practitioners and teachers. A new edition, revised and enlarged. By THOMAS D. MITCHELL, A. M., M. D., Prof., etc. Philadelphia, J. B. Lippincott & Co., 1857."

'Urethro-Vaginal and Vesico-Vaginal Fistules: remarks upon their peculiarities and complications; their application and treatment; modifications of the button suture; report of cases successfully treated. By N.

Bozeman, M. D., of Montgomery, Ala.. From the North American Medico-Chirurgical Review, for July and November, 1857."

"Researches on Epilepsy: its artificial production in animals, and its etiology, nature and treatment in man. By E. Brown Sequard, M. D., Prof., etc. Re-published from the Boston Medical and Surgical Journal, from Nov. 1856 to Nov. 1857. Boston, 1857."

"A public lecture on Medical Ethics, and the mutual relations of patient and physician. Delivered by appointment of the Memphis Medical Society, and published by order of the Society. By A. P. Merrill, M. D., Prof., etc."

"Report of Infant Mortality in large cities, the sources of its increase, and means for its diminution. By D. Meredith Reese, M. D., etc., of New York. Extracted from the Transactions of the American Medical Association. Philadelphia, T. K. & P. G. Collins, 1857."

"Annual Announcement of Lectures in the Atlanta Medical College, for the session of 1858, with a catalogue of the Students and Graduates of 1857."

Also a copy of the Memphis Daily News, containing "An Introductory Lecture on Medical Education. Delivered before the Memphis Medical College on the 2d day of November, 1857, by A. P. Merrill, M. D., Prof., etc."

"Report of Cases in the Surgical Practice of the Brooklyn City Hospital, Joseph C. Hutchinson, M. D., Attending Surgeon. By Robert O. Butler, M. D., of Louisiana; late House Surgeon of Brooklyn City Hospital." We have been much interested in the perusal of these cases. They are each interesting—a sound discrimination seems to have guided in the management, and the report is well gotten up by our esteemed young friend, Dr. B.

Health of our City.—From the following exhibit, it will be seen that New Orleans is, this season, one of the healthiest of cities. With a population ranging from 150,000 to 170,000, and no doubt nearer the latter figure than the former, we present an average weekly mortality of 102 and a fraction, and the mortality of one week ran as low as 92. Of the whole 410 deaths, 12 were from yellow fever. Six of these occurred in the week ending November 28th, and the remaining 6 have been equally divided among the three remaining weeks. Two pure cases of black vomit occurred in the week ending December 20th.

But it is particularly interesting to note the great proportion of deaths from consumption—phthisis pulmonalis. Out of a total of 410 deaths, we have 54 from this affection alone. Now, every observing medical man knows that we are by no means exempt from phthisis as originating amongst us, but the mortality is vastly increased by strangers who come here to die of this terrible disease. The wards of our Charity Hospital show an annual influx of phthisis patients from all parts of the country, who come here only to die. How the idea ever originated, that New Orleans is a good climate for such patients, we are at a loss to conceive. We have watched this class of visitors to our city for several years, and we have yet to see one individual derive any benefit from the visit. On the contrary, we believe death has only been hastened in every instance. Physicians throughout the country should be more considerate than to advise this class of their patients to visit New Orleans.

We, also, call attention to the list of still-born. For the past four weeks we have 27 still-born children, and, if we are allowed to judge from our own experience, it is the result of two things: 1st. The extensive employment of ignorant midwives. 2d. The neglect of truly conservative obstetrics on the part of medical men. The midwife loses children through the exercise of self-sufficiency based on the most profound ignorance of all that relates to the branch she is allowed to practice; the medical man loses them, though not to so great an extent, through a sort of superstitious reliance on the power of nature and an unreasonable dread of operative midwifery. When common sense shall arouse the people to a proper appreciation of that curse to society—the old woman midwife—, and when medical men will more assiduously cultivate the obstetric *art and science*, then, and then only will the monthly list of still-born be curtailed.

REPORT OF DEATHS IN THE CITY OF NEW ORLEANS, FROM THE 21ST OF NOVEMBER TO THE 20TH OF DECEMBER, 1857.—From 21st to 28th of November—Men, 38; women, 25; boys, 27; girls, 33. Adults, 63; children, 60; males, 65; females, 58. Colored, 23. Total, 123.

From 28th November to 6th December—Men, 38; women, 15; boys, 25; girls, 23. Adults, 53; children, 48; males, 63; females, 38. Colored, 16. Total, 101.

From 6th to 13th December—Men, 24; women, 21; boys, 24; girls, 23. Adults, 45; children, 47; males, 49; females, 43. Colored, 11. Total, 92.

From 13th to 20th December—Men, 19; women, 19; boys, 33;; girls, 23. Adults, 38; children 56; males, 52; females, 42. Colored, 13. Total, 94.

Total of deaths for four weeks ending December 20th, 1857—410. Men, 119; women, 80; boys, 109; girls, 102. Adults, 199; children, 211; males, 228; females, 182. Colored, 63. Under one year, 134; from one to two years, 20; over 60 years, 26.

Consumption, 54; stillborn, 27; yellow fever, 12.

List of Payments—*To December 25th,* 1857.—L. R. Sullivan, 1857, $5; E. P. Gaines, 1855, '56, '57, $13; W. B. Erwin, 1856, '57, $10; S. C. Farrar, 1857, $5; G. W. Purnell, 1856, '57, $10; T. H. L. Smith, on account, $5; T. H. Lanier, 1858, $5; R. O. Butler, 1856, '57, $10; Memphis Medical College, for advertising, $5.

EXCERPTA.

The Influence of the Gulf Stream upon the Summer Climate of the Atlantic Coast of the United States. *Read before the Montreal meeting of the American Association for the Advancement of Science. By James Wynne, M. D.*—The object of this paper is strictly hygienic. There are few medical men, engaged in any considerable practice, who have not under their charge patients whose diseases require a change of climate, as one of the most efficient modes of relief; and it not unfrequently happens that the proper selection of a residence is a matter of such importance, as to constitute the entire difference between a favorable and an unfavorable termination of the disease. Any light, therefore, thrown upon this subject, which will enable the medical man to indicate the choice of a selection with greater confidence, as to the absolute condition of the climate, will, I am convinced, be kindly received by those members of the Association who are connected with this profession, and may not be unwelcome to those who are engaged in other pursuits.

The recent examinations conducted by the officers under the direction of the Superintendent of the Coast Survey, have shown that the bottom of the Atlantic Ocean presents a range of mountains, pursuing a similar course to the Apalachian chain, some distance back from the coast. These examinations have not yet been completed, but so far as they have been prosecuted, they clearly demonstrate the continuity of this chain of submarine mountains, and its general course. The effect of this configuration of the bottom of the ocean over the temperature of the water, is clear and unequivocal. The whole extent of this influence has not yet been determined, but thus far it shows that the Gulf Stream is not one uniform mass of warm water, pursuing a northeasterly course along the coast, at a pretty uniform distance from it, but a series of bands of warm water, interspersed with colder ones. These have been laid down by Prof. Bache, with admirable precision, in his map delineating the distribution of the temperature of the Gulf Stream. An underlying Polar current of cold water, even in the more southerly explorations, is likewise clearly established.

The position of this mountain chain, in affecting the temperature of the air along the coast, as well as the water overlaying it, has been as clearly demonstrated. Lieut. Maury, in his pilot-chart of the North Atlantic, has recorded the direction of the wind, for each month in the year, with great accuracy. The information contained in his chart is taken from the most authoritative sources, and, in some instances, extends back as far as 1810. This chart subdivides the ocean into squares, of five degrees each of latitude and longitude, and the monthly observations, within each subdivision, are made to extend over this surface. For the purpose of the present inquiry, subdivisions of a single degree would have afforded greater definiteness, but the facts deduced from the chart, as it is, are of the highest value. As our inquiry is confined to the summer months, when invalids in search of health, or those who are well, in pursuit of a more temperate air than is to be found in the cities, or even in rural districts, visit the sea-shore, the deductions from the chart will be confined to the months of June, July, and August, and to that portion of the Atlantic stretching along the sea-coast.

In the subdivisions between latitude 30° and 35° and longitude 70° and 75°, embracing the sea-coast from St. Augustine, in Florida, to Cape Hatteras, in North Carolina, there were made ninety-nine observations of winds, in the month of June; of these forty-one, or nearly one-half, were from the south and southwest. In July eighty-four winds were noticed, of which fifty-two came from the south and southwest; in August, one hundred and thirty-eight, of which sixty came from the south and west.

In the subdivision embracing latitude 35° to 40° and longitude 70° to 75°, extending from Cape Hatteras to Cold Spring, N. J., three hundred and fifty winds were observed in the month of June, of which one hundred and forty-three were from the south and southwest; in July, three hundred and ten, of which one hundred and sixteen came from the south and southwest; and in August three hundred and sixty-six, of which one hundred and twenty-three were from the south and southwest.

In the subdivision between latitude 40° and 45° and longitude 70° and 75°, embracing Long Island Sound and the southern expanse of the New England coast, in June two hundred and thirty-one winds were noted, of which one hundred and eight came from the south and southwest; in July, three hundred and eight, of which one hundred and sixty were from the south and southwest; and in August, one hundred and eighty-three, of which sixty were from the south and southwest.

These are the facts. The deductions from them are important. It appears, from these observations, that of the prevailing winds in the summer months, never less than one-third, and, in many instances, one-half, come from the south and southwest. It must be remarked that the winds noted were sailing winds, with some degree of force, and not the slight, ruffling breeze which, although insufficient for the purpose of rapid sailing, is yet most grateful in its effect upon the health and comfort of those so circumstanced as to come within its range. The usual direction of this lighter breeze on the Atlantic, in the summer months, is from the south and southwest, directly over the current of warm water composing the Gulf Stream. The winds from this quarter are, for the most part, gentle, balmy, exhilerating, and peculiarly happy in their influence upon the human body; those from the north and east, on the contrary, are violent, raw, and depressing; while the former should be courted by the invalid, the latter should be as sedulously avoided.

It by no means follows that the wind on shore is the same as that upon the ocean. A very slight obstruction, as an intervening range of hills, or indentation of the coast, may leave any particular situation in calm, or subject to the influence of a less grateful wind, while the whole surface of the water is swept by a delightful air from the south and southwest. An example of this may be given in the Highlands of Navesink, situated a short distance from New York, and immediately behind the light-house on Sandy Hook point. These Highlands, whose sides are covered to the water's edge by a rich growth of vegetation, and are highly picturesque in their effect, are shut off from the southwesterly ocean winds by a small promontory, the effect of which is to render the air in the sheltered localities calm and oppressive, while the sandy point directly in front, and scarcely more than a stone's throw distant, is agitated by a balmy and refreshing breeze. Sachem's Head, and the contiguous town of Guilford, furnishes another illustration of this fact. The promontory termed Sachem's Head, which juts far out into Long Island Sound, is visited almost daily in the summer by the southwest trade wind, which begins about ten in the morning and continues pretty regularly during the day, unless intercepted by some more violent wind. It not unfrequently happens that while this balmy ocean breeze is playing over this promontory and reducing the temperature below 80°, the town of Guilford, but a few miles inland, is subject to a land breeze, and exhibits a range of temperature between 90° and 95°.

The traveler over the New York and New Haven and New London Railroads, which pursue an easterly course along the Long Island Sound, cannot fail to remark the perceptible difference almost always observed in the temperature after leaving New Haven for the east. However exalted the temperature may have been, or oppressive the condition of the atmosphere between New York and New Haven, he is almost certain to be met by a delightful ocean air from the southwest, a few miles east of New Haven, which accompanies him on his passage to New London. This is due to the configuration of Long Island.

Near New York, the northern shore of Long Island rises into elevations of greater or less extent, but sufficiently so, at most places, to intercept the sweep of wind from the ocean on its southern border. These elevations gradually diminish in an easterly direction, until a point is reached a few miles east of New Haven, where the whole island becomes flat and sandy, and but a few miles in width. This low plateau offers but slight interruption to the progress of the southerly ocean winds, and allows them to play over the surface of the water in the Sound itself, and fan the opposite New England coast.

The islands off the coast of South Carolina, as well as the coast of North Carolina, Virginia, and New Jersey, have a greater or less south and southwestern exposure. Within these limits are found Old Point Comfort, Cape May, and Long Branch, which have great celebrity as sea-side places, and attract large numbers of visitors. Each of these places is subject, however, to the depressing effects of the northeasterly gales; the more southerly points are less affected from this cause than the more northern.

The whole stretch of Long Island on its southern side—which is at present, with but few exceptions, little better than an inhospitable sand bar, drifted up from the waves of the ocean—that portion of the Connecticut coast to which I have alluded east of New Haven, as well as Rhode Island and a part of Massachusetts, enjoy in the highest degree the advantage of exposure to the south and southwest, and are at the same time best protected from the winds from the northeast. Newport, with many disadvantages, not the least of which is the compactness of its houses and their almost total exclusion in the old part of the town from a sea view, enjoys a world-wide reputation as a sea-side residence, for which it is wholly indebted to the salubrity of its air, derived from its sheltered position from the northeast winds on the one side and its free exposure to the southern trade wind upon the other.

It is not the purpose of this paper, however, so much to point out individual localities, as the general principles upon which the sea-side climate of the Atlantic coast may be determined, a knowledge of which will enable the practitioner or intelligent traveler to select that locality best adapted to the particular case. As a climate for invalids that is most desirable which furnishes the greatest protection from the depressing northeast winds, and the fullest exposure to those which come heavily laden with health-restoring qualities from the balmy southern ocean, borne along the current of the Gulf Stream. Many sheltered positions may doubtless be found upon the coast south of Long Island, uniting many if not all of the advantages already pointed out, which it is earnestly to be hoped will be discovered and improved. The advantage of sea-side resorts in such positions as to render them available for those whose occupations or means do not permit them to take long journeys, cannot be too highly estimated.—*American Medical Monthly.*

A CASE OF RUPTURE OF THE CILIARY VESSELS.—*Reported by Robert Ritchie, M. D., Lower Brandon, Va.*—A most singular case of ophthalmic surgery has just passed out of my hands; and as the injury was of so singular a character (at least to myself,) I have determined to submit it for publication, if it should be thought instructive or interesting to the profession.

Unfortunately, no notes of the case were made at my visits; but it is of so recent date, that my memory is sufficient to give a pretty accurate history of its advance and decline from the time of first seeing it up to its recovery.

Case.—October 26th.—Mr. W. S. B., of Surry county, requested me to visit him, he having received a severe injury of the right eye some three or four days before, by an accidental cut from the lash of a whip.

In the afternoon of the next day I saw him for the first time. He was in a dark room, and the eye bandaged up. He was greatly depressed in spirits, and expressed the belief that the sight was about to be lost forever—the left eye not at all sympathizing with the right one.

At first it was thought a trivial affair. The blow, although a smart one, and giving him momentary pain, he thought expended itself upon the lids, without reaching the globe of the eye. The next day the pain had ceased and has not returned. He did not distinguish clearly the outline or proper color of objects, as with the left eye. This difficulty had rapidly increased up to the present moment. He said that the strongest light produced no photophobia. At some moments he could see the outline of a large figure—that of a person for instance—standing near him; but at other times he could not tell night from day.

Upon an examination I found the external eye nearly natural in appearance. There was no indication of inflammation or swelling about the eyelids. The conjunctiva was but slightly injected. In the anterior chamber, at a glance, a curious state of things was seen to exist. Its upper half was quite clear, but the lower portion of this chamber was occupied with dark red opaque fluid. The pupil of the diseased eye was rather more contracted than that of the sound one.

When he told me he could sometimes descry objects *above* and never those *below him*, my diagnosis was at once made out to be a rupture of one or more of the ciliary vessels from the concussion of the blow. I was most happy to assure my patient that in time nature would work its own cure.

October 29th.—Saw Mr. B. again to-day. Said he could not see as well as at my last visit; position of object made no difference; could not see *high* or *low*. On inspection, I observed the redness had mounted up still higher in the anterior chamber; but it was of a lighter shade, enabling me to make out the pupil behind it, which was still contracted. Fearing adhesions in the iris, and also to test the integrity of the optic nerve, if more light was admitted, I applied the extract belladonna, and soon saw by its dilation that the iris was free, and that light was more perceptible. Directed the re-application of the extract on the following day, two hours before my visit.

October 30th.—The pupil well and regularly dilated. The fluid of a light claret color, and transparent. It is evidently being absorbed. My patient sees objects far and near—generally of their natural hue. Singular to say, the mingling of the sanguineous fluid with the aqueous humor has never given a red tint to any thing looked at.

Did not see Mr. B. again until to-day, when we met at church. I was much pleased to discover the eye to be as clear as ever. He thought his vision could not be much impaired, from the fact of killing the day before, a partridge with each barrel as the covey rose.—*Virginia Med. Journal.*

CHLORATE OF POTASH IN STOMATITIS MATERNA.—*By L. Faulkner, M. D., Halifax Co., Va.*—The American Journal of the Medical Sciences for October, 1857, contains an able prize essay on this disease, by Dr. Hutchinson. I was somewhat disappointed in finding no allusion therein to the use of chlorate of potash. I may, perhaps, misapply it in this disease. My attention was first directed to this medicine by an article on epidemic erysipelas, by the lamented Dr. Peeples, published in the above mentioned journal, January, 1846, if my memory serves me. He may have mentioned its promoting moisture of the tongue, among its good effects in "low forms of this epidemic, attended with formation of cold abscesses in the cellular tissue." In 1849 we had some sporadic cases of an erysipelatous fever, as I believed, terminating in suppuration within the peritoneal sac. These were exceedingly obstinate, and being new to all of us, likewise afforded a fair opening for new remedies. Chlorate of potash was suggested to me by a slight analogy to Dr. Peeple's cases. I watched its effects closely, and prominent among these was the production of moisture in the mouth. After that time I was in the habit of recommending it in other cases, where the dryness of the mouth and tongue seemed to be a source of irritation *per se*, without regard to any other remedial properties.

Dr. West, in his "Lectures on Diseases of Infancy and Childhood," on the treatment of ulcerated stomatitis, says, "It appears, indeed, almost to deserve the name of a specific in this affection." My observation of its action led me to seize quickly upon Dr. West's prescription, with entire confidence in its efficacy; and as yet I have never been disappointed in the result. On the contrary, I have often had cause to thank him for so simple and potent a remedy. Stomatitis, confined principally though not always to children, was a sort of endemic with us last fall and winter. I relied mainly upon chlorate of potash internally, and a local wash of infusion of green tea or barbary bark. From my experiments with the chlorate, as a local application in aphthous affections of the mouth, I have but little faith in it. It acts, I think, always through the circulatory system.

Analogy would seem to lead us to the use of chlorate of potash in stomatitis materna. This seems to be nearly allied to Dr. West's ulcerative stomatitis in its pathology and nature. Both have their origin in an impoverished state of the blood, and their location in the mucous surface of the mouth primarily. In fact, the similarity of the two diseases is to me so apparent, that it is unnecessary to draw a parallel. How chlorate of potash operates upon the blood, I am not learned enough to conjecture. We cannot say it is by imparting oxygen to it, as was at one time supposed. But it certainly is best adapted to cases in which we have reason to diagnose poverty of the blood; and doubtless there is some particular abnormal constitution of this that it has the power of changing to a healthy standard. Chemistry has done much, and we confidently expect it to do still more for our profession. From my experience in the use of this salt in febrile diseases to alleviate dryness of the tongue, I have been prejudiced against it in diseases of hyperæmia with exalted vitality of the blood. I have used it in pneumonia, rheumatism and scarlatina (in the latter in consultation,) and to say the least, with no good effects. While it is absorbed into the blood vessels, it seems to be almost as specifically directed to the mouth as mercury. It has acknowledged remedial virtue in mercurial salivation, which would seem to favor Hahnemann's "similia similibus."

Was it blind empiricism in me to give chlorate of potash a fair trial in stomatitis materna? I did not think so. And whilst I would by no means parade it as a hobby, I feel strongly urged to ask for it a like trial from the profession. My use of it in a limited number of cases fully justified my expectation of its virtue. Whilst I do not say it cured all cases of this troublesome disease, I may safely say that the amendment after its exhibition was as manifest as in ulcertion stomatitis of children.

But it is not my purpose to write an essay on this article of the materia medica. As it is omitted in the able essay alluded to, I wished merely to call the attention of the profession to it, that other and more skilful observers may test its remedial virtue in this form of stomatitis.—*Virginia Medical Journal.*

PUERPERAL VOMITING CURED BY THE INDUCTION OF LABOR.—*By Francis W. Sheriff, M. D., L. R. C. S. E.*—Having recently read your article on Professor Cazeau's late work on the Diseases of Pregnancy, etc., I thought it might be interesting to some of your readers to relate a case of severe Puerperal Vomiting which lately came under my care. My patient, Mrs. Moore, first consulted me four years ago, being in the eighth month of her fifth pregnancy. She complained of almost constant vomiting, and had been reduced to great debility by absolute inanition. A few doses of hydrarg. cum cretâ and opium checked the vomiting, and she was delivered of a healthy child at the proper time. The placenta was retained, and she had considerable hemorrhage before I reached her residence, which was about nine miles distant. She became anæmic and was confined to bed for nearly three months. She eventually was quite restored to health, and has not been pregnant since until this time. On the 26th of July last I was requested to visit her. I found her apparently healthy, and robust looking, pulse natural. She stated that she was in her seventh month of pregnancy and that since its commencement she had vomited a great deal, but that lately it had become much more troublesome, and that she was afraid of relapsing into her former condition, as her bowels were rather costive. I prescribed the pills and a mixture of chloroform and tinct. lavand. comp. and at the same time paid great attention to the state of her bowels. On the 10th of August I was again called to visit her. She stated that since the 7th, the vomiting had been almost constant, that she retained nothing on her stomach, and that she vomited a great deal more than she swallowed. She complained of great thirst, pain in the epigastrium, great anxiety and restlessness, and was urgently calling for relief. Pulse 120 of good strength, breath fœtid having the odor of chloroform. I bled her to the amount of ℥ viii. without causing fainting, and prescribed at different times calomel and opium, senna, enemas, warm applications to the epigastrium, creosote mixture, etc., but all of no avail, the vomiting continued as bad as ever. The swallowing of a little fluid of any kind was almost immediately followed by great retching and vomiting. The fluids vomited were colorless and inodorous, and largely exceeded what had been swallowed. In addition to the medicines prescribed, I ordered nourishing enemas to be frequently administered.

11th—symptoms rather more favorable, vomiting not so severe, and has slept a little, complains more of debility, skin rather cool. Has retained a little opium, which she thinks has relieved her.

12th, 8 A. M.—Is much worse, vomiting as bad as ever, extremities cold, skin wrinkled and withered like a person in collapse of cholera. Has very great anxiety, and calling urgently for fresh air. Had to get her bed elevated to the height of the window so that she might have her head in the open air. Pulse 130 weak and variable. As it was evident that death must soon ensue if relief was not obtained, I determined to bring on labor; but before doing so, I requested that Dr. Anderson, a neighboring practitioner, might be sent for. He arrived at 3. P. M., and agreed with me on the propriety of immediately inducing labor. I introduced a flexible catheter into the uterus, ruptured the membranes, and drew off about 8 oz. of liquor amnii. My patient was relieved almost immediately and the vomiting ceased. I prescribed one drachm of tincture of ergot every two or three hours, supporting her strength at the same time with stimulants and nourishing enemas. She remained easy and comfortable all night, and next morning, about twelve hours after the rupture of the membranes, labor pains came on, and continued regularly all day, but at long intervals. About 8 P. M., I administered an enema of infusion of ergot, which soon had a most powerful effect, and within an hour afterwards she was safely delivered of a living child, which cried lustily. It, however, lived only about eight hours. My patient rapidly recovered, and in two or three weeks was entirely restored to her usual health. In this case so urgent were the symptoms, and so rapid had been the approach of sinking and collapse, that I have no doubt that the delay of the operation for a few hours more would have proved fatal. From the immediate relief experienced after drawing off the liquor amnii, it would appear as if the cause of the vomiting had been the pressure of the gravid uterus.—*Montreal Med. Chronicle.*

Catamenial Gonorrhœa and Syphilis.—Mr. Frederick C. Skey, Surgeon to St. Bartholomew's Hospital, has recently lectured on Gonorrhœal Rheumatism. The London *Medical Circular* gives us the lecture, from which we make the following extract, bearing upon a point of great interest:

I saw some time age another most remarkable case of this kind—the splitting in pieces of a family might have occurred from the raillery and ignorance of the hospital surgeon, but he could not see it. A respectable looking married man came with this catamenial gonorrhœa; he was very much puzzled about it, but the surgeon laughed at him. "So ho, my fine friend," he said, "you've simply gone and done it; you've been with the girls." The man said not—that from the nature of his business it was impossible. "Then some one has been with the girls or with your wife, for you have the bad disorder—that's the short and long of it." The man protested, till at last he swore an enormously large oath at the ignorance of us all. "Why, I have committed as many crimes as many men, and why should I be such a fool, if wished to be cured, as to say, if I had, that I had not had intercourse with a woman." I don't believe he had, but that it was one of the dozens of cases where the irregularities of married life had given rise to a gonorrhœa or blenhorrœa, that I defy you to distinguish from common gonorrhœa. I say there is a "tertium quid" engendered during the period of ovulation or menstruation in the female that may give rise to gonorrhœa, but I do not believe in syphilitic inoculation. If you know how to treat rheumatism, you know a great deal also of this disease. Mr. Abernethy, as I said, already went to the threshold on the subject, as regards "rheumatic gonorrhœa," or what you will see copied in the books and manuals as gonorrhœal rheumatism. Evans and Rose and Hennen, away from the coteries of London, settled the thing forever. You are probably aware, the prostitutes in France are all examined at stated times, and are furnished with clean bills of health? Well, Evans saw several hundreds of these women examined, and only three were diseased; but he had one hundred and fifty-three soldiers under his care at that moment with syphilis! I say, how did these 153 soldiers become diseased from three women? How did they get it? Where was it to come from? To my mind, now, it is as clear as that chloroform will produce insensibility, or any other fact in surgery; they got it from the clean women, and not from the diseased. I told you of Torres Vedras. This army was inaccessible for a long time, and dozens of officers had intercourse with the couple of girls dancing at the theatre. These girls, mind you, in good health, yet shoals of these officers came to England with bad phagedænic sores. Do you think they got phagedænic directly, as Mr. Hunter would think, from these girls? I don't.

Well, I'll tell you another case, and within a short period of the present —not to go back to Torres Vedras or Waterloo, or tire you with what you will find decked out in the books of the schools—the case of a lawyer. [I am glad it's a lawyer, if it must be somebody (laughter); lawyers are so wedded to do nothing, if erroneous, to the decision of their judges.] It was, in a word, the counterpart of the first case—seduction, love (the old story)— seduction, gonorrhœa and a crop of sores. I examined the lady with the utmost minuteness. I sifted this case carefully. I believe there was no disease whatever in the lady nor in the gentleman previous to the occurrence; yet all the—what shall I call it—legal evidence was the other way. Legal proof on medical subjects at present is the greatest absurdity under Heaven, because well bound books on surgery say one thing to a man with a wig and gown on, and because a surgeon's opinion, which is not only *viva voce* and original, but fairly worked out after thirty or forty years' analysis of facts and cases in hospitals, must be thrown to the winds, in favor of the *dictum* of some old book, or some new book copying the old.

I say, this material syphilitic infection is all a fallacy. I don't believe either in all that black letter lore of syphilis coming from St. Domingo with Columbus in the fifteenth century. Gonorrhœa is detailed in our oldest and most sacred of books.

Mr. Skey next stated the particulars of a very interesting case—a case of most frightful phagedænic sores in a gentleman, like those of the officers sent from Lisbon, but where the disease was clearly the result of scrofula, or some such constitutional taint in the gentleman's system aggravated by those injudicious courses of mercury, ordered for a very simple affection at first. The case was one, also, where the hymen was ruptured for the first time, but not a trace of disease existed in the lady.

"This old mercurial school, however, still holds out," Mr. Skey continued to say: "I am sorry that even men like Sir B. Brodie still belong to it. It is not true that a woman who will allow one man to her embraces, will allow any other; and if the disease be checked by mercury—*post hoc, etc.*—that we should go on giving it! In this last patient it made all this difference, that whereas Rose, or Evans, or Carmichael would have cured this gentlemen without mercury, in following the plan of the older schools he was at the point of death, owing to the mercury, under the first advice in London, affecting the membranes of his brain. We shall not speak of the hideous mutilations of face and nose, the time sacrificed away from business on the sick list, and the marks which rupia too often leaves on the forehead and face. I am satisfied, and you will be so, too, when you see some practice, that all this old-fashioned dosing system with mercury is bad. I would almost go so far as to say, that the very worst cases of syphilis, so called, in men that I have seen, have been the result of something wrong with the man rather than with the woman, and where the "tertium quid" was aggravated by this system of giving mercury, as a piece of murderous old routine in all cases alike.

Well, a few words now as to gonorrhœa and rheumatism. Is there such a thing as spontaneous gleet? Yes; it is a catarrh of the parts. I know a gentlemen who has had gleet; but he has been several months, aye years, in bed for another disease, and he had no possible manner of getting gleet.

You will find gonorrhœal rheumatism in eccentric gonorrhœa, mostly in oldish people, the disease mild or the opposite, fond of fits and starts or aberrations; it is gonorrhœa in a rheumatic system, but not rheumatism connected as a secondary symptom or as cause and effect with gonorrhœa. I am satisfied, gonorrhœal rheumatism and gonorrhœa are children of one parent, and not related as rheumatism the child of gonorrhœa, the parent.

I will now tell you more; I have seen *every form of syphilitic disease* as obtained from healthy women. These cases occur in the better ranks of society, with men who are above suspicion. What is sometimes shocking in a moral point of view, is of the utmost value to us pathologically. But I must not dwell on these cases. The gentlemen come to me expressing their unbounded astonishment, yet if you make the most careful search, even with the speculum, there is no disease in the lady; it would be almost a relief to one's mind to find something, but there is no disease whatever. No, it is all fallacious.—*Ohio Med. and Surg. Journal.*

TWENTY PROPOSITIONS ON MILK-SICKNESS—*By J. W. Crook, M. D., of Rockport, Ind., in a Letter to one of the Editors.*—In compliance with request, I proceed to furnish for your inspection and supervision a few observations upon the malady in question, as they have presented themselves in my practice. I shall present, in a condensed form, conclusions drawn from observation and experience, for near twenty years, without giving various reasons for the same, as it would require considerable space, and besides, in this as in other diseases, many *facts* exist that are not readily and satifactorily explicable.

1st. The disease known as "Milk-Sickness" is not of malarious origin, nor in the least degree influenced by this agent.

2d. It is of less frequency in miasmal districts in this county than any other locality, occurring almost universally in the high land comparatively exempt from miasmal diseases.

3d. Depends upon an unknown poison taken into the system of the animal, thence transmitted to the human species through the medium of meat, milk or butter.

4th. It most usually, if not *always*, occurs early in the spring when pasturage is scarce, and late in the fall when forest grazing is pretty well over. It is prevailing at the present time, amongst the stock of this county, to a greater degree than for a number of years past.

5th. In no instance has it ever been known in this county during any other than the grazing season, and then *only* upon lands that had never been in cultivation.

6th. A late and wet spring—a dry summer, followed by a wet fall—favors its development among stock.

7th. It seems that the circumstances favoring a rapid and succulent growth with a moderate scarcity of grass, and a kind of necessity for stock eating most anything that is at all to be tolerated by their systems, are exigencies conducive to the "Trembles."

8th. Hence, I have come to the conclusion that this malady is induced in cattle, horses, hogs, sheep, etc., by them eating some poisonous vegetable.

9th. Under the assumed principle that the poisonous property depends upon some unknown mineral exhalation from the earth, or other floating noxious quality in the atmosphere, there is no good reason why it should not affect animals in the barren barn yard, the cultivated pastures, stubble fields, or the human species in his domicil.

10th. It was the opinion of the lamented Dr. Drake, that the disease was caused by cattle eating a species of the poison oak (Rus. Toxicodendron), and from observations incited by reading his paper, I am *strongly* of this opinion.

11th. I have inspected, time and again, localities, wood pastures, etc., where sheep, cows and horses had contracted the Trembles, and in *no* instance was this vegetable found wanting.

12th. I have often gone into limited pastures and found the stub of the vine where the leaves and tops had been eaten off, the calf down with the Trembles, and patients at the house with the Milk-Sick.

13th. An intelligent farmer saw a sheep eating freely of this vegetable, from a luxuriant growth that had sprung up along side of a decaying log; the identical sheep died next day of Trembles.

14th. Stock are not passionately fond of this weed, though they will eat it in times of general scarcity in proportion to the requirements of their appetites.

15th. The poison oak is peculiar to high broken grounds, and scarcely, if ever, found in alluvial bottoms, at least not in this county. The disease is never contracted in the bottoms, in no instance of the kind. The people use beef, milk and butter without the least fear, and enjoy perfect immunity.

16th. It is certain that the slightest culture of the soil destroys the cause, and has never been known to re-appear; and it is equally certain and well known, that the Rus. Tox. answers to these peculiarities. It is but slightly attached to the earth, running along on the surface just under the leaves and other trash, throwing down fragile tendrils which attaches to the loose soil, and a weight of five pounds will break up the largest bunches.

17th. I have never known a case of the disease, or anything approximating its peculiarities, that was not traceable to the use of meat, milk or butter. Once, however, I had like to have been *stumped* over this position. A gentleman in town was attacked with *all* the prominent symptoms, but assured me there was no possible chance for Milk-sick; though using butter, it was from the most reliable source. He was treated as we ordinarily treat the disease, and finally got well. It was subsequently ascertained that although the cows were "kept up," it was in a sort of mixed pasture, in which woodland ground, that had never been in cultivation, predominated, and in that part which had been cultivated, there was but little for the cows to eat. I said my patient got well, yet he never felt fully *normal;* whenever the pupil of his eye covered the butter dealer, he exhibited slight evidences of the *trembles*, notwithstanding his proverbial good nature.

18th. The prominent symptoms of the disease consist of excessive nausea, vomiting first the ordinary contents of the stomach, bile, and such liquids as may have been swallowed; a glariry, tenacious mucous, very acrid and sour; and, finally, matter of a coffee-grown appearance; burning sensation in the stomach; excessive prostration; anxious and contracted countenance; leaden color and cool skin; obstinate constipation; with others that might be enumerated, with which no one is more familiar than yourself.

19th. The pathological condition is no doubt a peculiar gastritis, involving the entire inner portion of the stomach, but more particularly the pyloric region. I have not had the advantages of post mortem examinations. If you would not consider it vain, I would say that my opportunities for this kind of investigation have been very limited; for fifteen years past, I have not let a patient die of this disease! [Desp. Dark.]

20th. *Treatment.*—Well, it is not necessary to mention the indications to be fulfilled—these are apparent. And it is almost as unnecessary to note the treatment, for there is little or no difference now-a-days with the posted part of the profession.

To arrest the vomiting, I use morphine, blisters and alcoholic stimulants; and if I had to choose but one remedy, and use one only, I verily believe I would take the whiskey. I do not offer any reason or modus operandi, for or as to the whys or the wherefores; I simply *know* that whiskey is the thing in Milk-Sick, or in any other animal poison, as snakes' and bee stings, spider bites; and if I had a patient with hydrophobia, I would give him *whiskey* until he either lived or died. Don't make up your mind from this that I am *passionately* fond of the "critter," and am in danger from excessive use—I am only so under the circumstances detailed. I believe the alcoholic stimulant operates by neutralizing influence upon the poison in the blood, and this influence, to a considerable extent, is mutual, as it is almost impossible to intoxicate the patient while under the poisonous influence.

As a purgative, I formerly gave calomel and castor oil; have not given it, however, for several years; mostly use ep. salts, combined with magnesia cal.

There is little or no difficulty in procuring the requisite action on the bowels, after quieting the stomach, and this once effected, the patient is about well.

Convalescence is usually rapid—relapses very rare; tonics, as Columbo bitters, or something of the kind, with generous diet, is all that is necessary.—*Northwestern Med. and Surg. Jour.*

RECOVERY OF A YOUNG INFANT AFTER TAKING TWO GRAINS OF OPIUM.—*Messrs. Editors*—The subjoined case is at your disposal:

July 29th, 1856, at 11 o'clock, P. M., the infant child of Mr. N. R., of Granby, *only six days old*, received at the hands of its nurse, who was ignorant of the power of the medicine, two grains of the powder of opium, suspended in a teaspoonful of simple syrup. It was given to allay pain, which its intense cries indicated that it was suffering. The powder was one of several which had been left at the recent confinement of its mother, to subdue post partum pains. Inquiries made of the nurse, elicited the statement that "a similar powder had produced such a good effect on the mother, they thought it would do the same for the child," and that "the child had got nearly the whole of the powder."

On my arrival, at one o'clock, A. M., two hours later, I was met with the remark, that the child "had breathed its last some moments before." The respiratory function was suspended, the face and lips were livid, the pupils contracted to a point, and it was not only perfectly comatose, but in a state of complete asphyxia. The finger applied to the wrist detected the pulsations of the radial artery, slow and irregular. With scarce a hope of restoring the suspended animation, or of sustaining life long enough to permit the influence of the narcotic to pass off, but rather for the purpose of watching the result of the experiment, artificial respiration was resorted to, and continued, with my finger on the pulse, for the space of ten minutes, resulting in a greater distinctness and regularity of the arterial beat, and a partial bleaching of the leaden features. Encouraged by these slight results, the same means were continued, to which were joined the application of energetic rubefacients to the spine and extremities, dry heat to the rest of the cutaneous surface, and the application of volatile ammonia over different portions of the body, together with repeated enemata of brandy and turpentine. At the expiration of half an hour, while suspending the artificial respiration, for the purpose of rest, a sudden, spasmodic inflation of the lungs occurred, succeeded by an apparently perfect quiescence of the respiratory muscles, attended by an increasing lividity of the face and lips, and a more laboring and irregular pulse. In from three to four minutes, the same phenomenon was repeated, when the lungs were again set in motion by external aid, which was continued, with occasional interruptions, for the space of more than three hours, before continuous unaided respiration was sustained.

At the close of the second hour, it was observed that the above mentioned spasmodic expansion of the lungs would occur at irregular intervals of one or two minutes, succeeded by perfect rest, except the slow and *imperceptible* contraction of the lungs as the air gradually oozed out from their cells. At the close of the third hour, the respirations were more regular and uninterrupted, and repeated about twice per minute. The artificial aids were withheld—the external agents continued, broth was added to the injections, and to one of them, castor oil, which was followed by a copious alvine dejection. But it was not until ten hours had elapsed after the narcotic had been taken, that any thing could be introduced into the child *per vias naturales.* Tincture of belladonna was subsequently given, with no perceptible effect. In twenty-four hours, scarce a trace of the effects of the poison was observable, and the child triumphantly vindicated its title to life, which was disputed by the reprehensible carelessness of its guardians, and evinced that tenacity of life which is not infrequently exhibited by infants at that tender age.

This case was regarded by me with especial interest, for the following reasons:

1st. The age of the child—only six days. I have met with no recorded case where so young an infant has recovered from effects, so intense, of a narcotic poison.

2d. The quantity of opium taken into the stomach, and *remaining there.* There could have been no less than a *grain and a half*—probably more—swallowed by the child. The quality of the article, I have no reason to question.

3d. The entire suspension of the cerebral influence over the respiratory function, which must necessarily have been followed by speedy death unless the function had been artificially sustained. The asphyxia was complete, and not the slightest evidence of sensibility could be elicited by the application of various tests to different portions of the cutaneous surface or to the Schneiderian membrane. Deglutition could not be excited until ten hours after the poison was taken.

4th. The effects of the artificial respiration, which was performed in the simplest manner and prolonged for a period of more than three hours, by which the heart was kept in motion, until the brain had "struggled through its conflict with the narcotic and was enabled to resume its natural action."

There were no convulsions, although the muscles were for most of the time in a state of rigidity. C. N. CHAMBERLAIN.

Northampton, Mass. Nov. 5, 1857. [*Boston Med. and Surg. Jour.*

Bequest to a Family Physician.—The late John E. Thayer, of Boston, among other liberal provisions of his will, has bequeathed to the venerable Dr. James Jackson, the medical attendant of the family of the deceased for two generations, one thousand dollars a year during his life, to be continued to Mrs. Jackson if she survives her husband. It is also ordered that the first payment of this annuity shall be made in ten days after the will is proven. The intelligence of this bequest was imparted to the "good physician" on his eightieth birthday. "We feel sure," says the Boston Transcript, "that no remembrance was ever made that will give more general and cordial satisfaction in the community;" and, we may add, in the profession. This solid man, Mr. Thayer, evidently had a soul. Peace to his ashes!—*Virginia Med. Jour.*

Professor Lawson's Theory of Epilepsy.—*A case reported by T. J. Reagan, M. D., of Alma, Texas.*—I notice in the Southern Medical and Surgical Journal, for April, an article entitled "A few thoughts upon Epilepsy," selected from the Western Lancet. In this paper, the writer, (Prof. Lawson,) proposes the theory that the disease is one of diminished nervous action, and advances in support of his idea, that an intercurrent excitement fever, etc., temporarily suspends epilepsy. This idea of epilepsy being suspended by an intercurrent disease, brings to my mind a case of this malady with which I had to deal.

Miss W., about twenty-one years of age, residing in Coweta county, Georgia, had been a subject of epilepsy for several years; the exact time, or how often they recurred, I do not recollect, as I write entirely from memory. She was attacked with remittent fever, for which I prescribed, without any regard to her epilepsy, never having been called to treat that specially. During the progress of the case she became severely salivated. Three years after I learned that she had not had a return of the epilepsy since her sickness. I at that time attributed its non-recurrence to the salivation, but was unable to explain the modus operandi by which a suspension of the disease was brought about. But whether it was the salivation or the fever that broke up the morbid chain, or not, I am unable to say. Since seeing Dr. Lawson's article I am led to report the case.—*Southern Med. and Surg. Journal.*

Method of Promptly Relieving Facial and Dental Neuralgias.—This method consists in turning into the meatus auditorius from four to ten drops (according to the age and sensibility of the patient) of the following fluid; then to close the opening of the ear by means of a little cotton, and to cause the patient to hold the head inclined for some minutes to the side opposite to the seat of the pain, so that the liquid may remain in the bottom of the ear. This preparation is thus made: R. Take of the extracts of opium, of belladona and of stramonium each *one part;* of distilled cherry laurel water *twelve parts.* Dissolve and filter.

Although this preparation may be only extemporaneous, it may, nevertheless, be preserved, if care is taken to keep it cool, and to pour on its surface from two to four drops of sweet almond oil.

It is very rare that with the use of this liquid, relief is not obtained in a few minutes; indeed, the patient is almost always asleep in half an hour, whatever may have been the severity of the pains, and that without having been in the least danger.

Absorption takes place almost as rapidly as from a denuded surface, and it is therefore unnecessary to blister the patient when we wish to use narcotics, since they act almost as rapidly by the auditory passage.

If it should happen that, at the end of eight or ten minutes, the pain does not yield to the remedy (which sometimes happens when the quantity used has been too small, or when we have to treat a neuralgia which has already required the use of narcotics in any way,) it is necessary then to use a second dose, at least equal to the first, but in the opposite ear, in order to obtain promptly that relief which is only too frequently momentary in facial neuralgias of long standing.

The preference which I give to this aqueous solution over those which contain alcohol, such as laudanum and other narcotic tinctures, arises from having used both upon myself for several years for a facial neuralgia, and observing that the latter produce a sensation of quite acute pain at the moment of their use, and not being always as successful as the former, which causes neither heat nor smarting, and is more certain in its effects. *M. Andre, in the Revue de Therapeut.*

ANECDOTE OF DR. RADCLIFFE.—Radcliffe, one of the most eccentric and witty men of his time, lived, at one time, in Bow street, Covent Garden. Between his garden and that of Sir Godfrey Kneller, the King's painter, a door had been made to allow the Doctor the pleasure of visiting the rich collection of exotic plants contained in the latter garden. Radcliffe's servants became depredators; Sir Godfrey remonstrated; and, the grievance continuing, Sir Godfrey sent his compliments to Dr. Radcliffe, accompanied by a threat to lock the door. The wit answered that Sir Godfrey might "do with the door as he pleased, *so that he did but refrain from painting it.*" "Did my good friend Dr. Radcliffe say so?" cried Sir Godfrey. "Go back, present my service, and say *that I can take anything from him, but his physic.*" This anecdote has been immortalized in verse:

"Quoth Kneller, 'I'll certainly stop up that door,
If I ever find it unlocked any more.'
'Your threats,' replied Radcliffe, 'disturb not my ease,
And so you don't PAINT it, e'en do what you please.'"

[*Cincinnati Medical Observer.*

REMARKS ON THE USE OF COMPRESSED SPONGE.—*By Wm. C. Roberts, M. D.*—(Communicated in a letter from Dr. Roberts to Dr. J. P. Batchelder.)—The first case in which I employed the compressed sponge, as prepared and recommended by you, was that of a young seamstress, which you saw with me. The disease was "a chronic mammary tumor," in the left breast, the size of a hen's egg. You were so kind as to apply the sponge for me the first time, and I had no difficulty afterward. A few applications sufficed to remove the disease entirely. In the case of a strumous, unmarried mulatto woman, of about forty years of age, in whom the glandular structure of both breasts was in a state of irregular hypertrophy, and much enlarged, a very great reduction in the size and extent of the engorgement resulted from a similar application, and it has not returned.

In no case have I derived more satisfaction in the use of compressed sponge, than in that of Master B. S., of this city, who had several large and deep sinuses in the right thigh, running up toward the hip joint, and, probably communicating with the bone. The joint was anchylosed from long preceding morbus coxarius. Each in succession closed, under the daily introduction of sponge tents (sponge, dipped in a weak solution of gum arabic, and wound tightly with thread, which can thus be made of any requisite size to enter the fistula, and which the patient, in this case, amused his captivity by making in great variety and with great neatness,) and he is now in fine health and spirits, and with a whole and sound limb. A period of several months was required for the cure. I have used flat discs of sponge, compressed in the copying-press, as applications to foul and fungous ulcers, and I have found from them great benefit in cutting down fungous granulations, causing an uniform and healthy looking surface, with a good tendency to subsequent cicatrization. I have healed several unpromising and ill-conditioned ulcers by this treatment alone. I have no doubt of the efficacy of compressed sponge in the treatment of mammary abscess, as employed and recommended by Drs. Foster and Johnson, in the September No. of the New York Journal of Medicine, edited by Dr. Stephen Smith. I regret that these gentlemen did not apply the treatment to the sinuses formed after suppuration. I can remember two or three in which the fistula rapidly healed, when treated in the manner alluded to in the case of Master B. S. I should be very loath to incise a sinus, until I had tried the effect of a compressed sponge tent introduced to the bottom. By its equal expansion in every direction, stimulating by its pressure the bottom of the sinus, and laterally destroying the pus secreting false membrane with which it is lined, and inducing in its walls a new and healthy action, the sinus speedily diminishes in depth, and progresses rapidly toward granulation and cicatrization. I much regret not being allowed to make use of the method, in a case of suppurated scrofulous abscess in the neck of a pretty little girl, which I think could have been readily absorbed; but which, under the knife of a rather conspicuous member of the surgical profession, has been attended with some deformity. A prejudice of the parents and friends, lest the absorbed fluid should be deposited elsewhere, and some indocility on the part of the young lady herself, defeated my intentions. I was about to apply the sponges, in the case of a large collection of pus above the rectus femoris, the result, doubtless, of scrofulous caries of the bone. I hope for its temporary absorption, at least, and you shall know the result.

An amiable, but unfortunate girl, once presented herself to me, at a house in my neighborhood, which I was visiting for professional purposes, who had been brutally assaulted, the preceding evening, by some ruffians who had forced themselves in. The conjunctiva and eye-lids were swollen and extensively ecchymosed. I proposed to her the application of the compressed sponge, warning her, however, that it would be necessary for her to endure a few days of darkness. She consented, and in two or three days I had the pleasure to find the swelling gone, the blackness nearly removed, the patient much pleased and more than ordinarily cognizant. I changed the discs night and morning, and the rapidity of the effect exceeded my most sanguine expectations. I respectfully throw out this hint to such of my brethren as may be called upon to treat this unseemly, annoying, and suggestive infirmity. I once cured a loss of substance of some extent in the scalp, the result of a ragged and irregular wound caused by a fall, descending quite to the pericranium, by merely putting into it bits of compressed sponge, the size and shape of the opening, and binding them down with a roller. They expanded equally from the absorption of the pus, and with the best effects on the granulatory process: one which would not, I think, have resulted as speedily from the use of lint alone.

I have several times satisfactorily and easily dilated with sponge, the meatus auditorius externus, when threatened with contraction, after abscess; have succeeded in removing suppurative inflammation of its walls, and obtained an easy access for injections and an opportunity for observing the tympanum, once thereby cauterizing an ulcerated spot, and once succeeding in the removal of a small polypus, attended with pain, deafness, and profuse, fetid, purulent discharge. The great dilatation of the meatus, which resulted from the introduction of the compressed sponge, afterward wetted, enabled me to excise it at its pedicle, to the great joy of the patient, and afterward to effect a complete cessation of the discharge. There are affections of the urethra and lachrymal sac in which, were it applicable, the sponge might be useful. You have, I know, devised an instrument for inserting it into strictures of the urethra, with which, I hope, you will some day be successful. In the nose, in polypi, benign or malignant thickening and ulceration of the Schneideran membrane, ozæna, and specially in epistaxis, its use could not fail to be beneficial. The width and dilatability of the rectum is an objection to its use, though in ulcerations, excrescences, and contractions, its judicious employment might be rendered available. The same remarks apply, though happily with less force, to the vagina. As a tampon, in threatened or actually existing hemorrhage, in cases of warty vegetations, and ulcerations of intractable character, I have successfully employed it.

Many years ago I was consulted by a lady, now of wealth and eminence in the far West, for a contraction of the vagina, with fungous disease of the neck of the uterus. The patient was much depressed in mind and health; the connubial act had never been perfected; the vagina admitted with difficulty the forefinger for a couple of inches; its walls were hard and gristly. For a period of two months, almost daily, I distended it gradually, by means of a screw, bilaminated, flattened, rectum speculum (of the old fashion). It cracked, tore, and bled, and the patient, a woman of high intellectual acquirements, amiable temper, and great fortitude (it was before the days of chloroform,) and determined, if possible, to be cured, could scarcely endure the anguish. The advantage I gained, I secured and augmented by introducing between the expanded blades of the speculum, flattened, conical pieces of wood, increasing them in size, which I left, *à demeure*, as long as they could be borne. Thus, I succeeded, at length, in introducing a somewhat pointed four-blade speculum uteri, with which I dilated the vagina fully, cauterized the neck, removed its fungosities and ulcerations, diminished its volume by iodine, the prolapsus spontaneously ceased, and in about five months time, my grateful friend returned to her husband's arms, and has since become the mother of three children, two sons and a daughter; destined, I hope, to be promoters of western commerce, social, intellectual, and moral advancement, and population. Had I but known then, as I do now, the utility of compressed sponge tents, in the dilating of contracted cavities, how much time and trouble to myself, and suffering to poor Mrs. N., might have been avoided!

I was consulted not long ago, by Dr. C. Dunbar, of this city, in the case of a young, unmarried lady, who had a fistula, very small, and not easily detected, about an inch within the vulva, and opening into the rectum, though, apparently, the thickness of the sphincter ani. It was approachable only when the patient was under the fullest influence of chloroform, and for many days we dilated it gradually, with compressed sponge tents, of augmenting size. When the layer of parts between the orifices was thus reduced by expansion to a mere film, we incised it, and dressed from the bottom. It healed rapidly. This will appear to my surgical brethren who love the flourish of the knife, and are not deterred by depth or importance of parts, thickness of substance or discharge of blood, an unnecessarily slow and timid process. Possibly it was so, but it suited my temperament, who think that "discretion is the better part of valor;" who prefer the "*suaviter in modo*," to the *fortiter in re;* the easier, if slower operation of nature, to the violence of art; and consider that no safe and successful plan is the less deserving of esteem, because it is slow and gentle.

During my association, in the Department of the Diseases of Women and Children, at the Northern Dispensary, in 1844, with my friend, Dr. Crane, now of Brooklyn, we many times employed the gum elastic bougie, in dilating the internal os uteri, for the cure of dysmenorrhœa, after the manner of Mackintosh, and often with good effect. Every one knows that the introduction of a bougie is no easy matter in every case; in some, it is impossible, and even when most easy, it is slow work to dilate the os uteri internum by a succession of bougies, compared with the use of tents of compressed sponge, which are generally easily passed, and dilating rapidly will do in a few days what the others would require weeks to effect. Dilatation of the mouths and cavity of the womb, also, furnishes facilities for cauterizing the lining membrane in cases of long standing leucorrhœa, which often relieves otherwise incurable cases. A piece of fine sponge, between two and three inches long, and as thick as the forefinger, dipped in a thin solution of gum arabic, dried, and compressed, by being wound with fine twine, may be fashioned into a conical form, not much exceeding the size of an ordinary bougie, and passed, usually in the grasp of a long bullet forceps, with ease into the os, and up into the cavity of the womb. In preparing the sponge tent, which, of course, must be made of varying sizes, your advice that a string be passed through its centre before the compression is made, and not merely tied round its base, must be strictly observed; for, if the latter become detached by the softening of the sponge in the fluids of the uterus, and the sponge break off within the os uteri, it may not be easy to extract it.* Also, I advise that on no account a sponge be passed into the os, without a string attached, as it has happened to me, on two or three occasions, to have the tent caught up into the uterus, by a species of spasmodic suction, out of the grasp of the forceps, and retained there beyond the possibility of immediate reach. It is true, that in a few days, it is thrown off spantaneously, but, in the meantime, it causes pain, a febrile movement, an offensive discharge, and some little anxiety to both patient and physician, which, by suitable precaution, can always be avoided. The great extent to which the os and cavity of the uterus can thus be easily dilated, in the course of two or three applications of the sponge, will much gratify those who have not yet employed it in this way; and, by following its removal with a little button of fused lunar caustic, on the end of a silver probe, the whole cavity can generally be cauterized with rapidity and ease, or, if a suitable syringe, a silver one, long and thin pointed, were at hand, as easily injected. I have seen as yet no syringe accurately adapted to this purpose. The stem of the long glass one in use, even when slenderest, is much too large for the purpose of general introduction into the uterine cavity.

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* Dr. Batchelder's method of preparing tents for this purpose, is as follows: Pass a long needle armed with a strong thread into the base, and through the whole length of the tent, and out at its point; then reverse it; entering it at the point of the tent, and passing it again through the whole length of the tent, and out at its base. This leaves two threads running the whole length of the tent, doubling at its apex, and passing out at its base, where the two threads, pendent from the tent, may be twisted together, and form a strong cord, by which the instrument may be withdrawn. He seldom allows the tent to remain longer than eighteen or twenty hours.

I have not the slightest doubt that the safest, simplest, surest, speediest way of inducing premature labor, will be found to consist in the introduction of compressed sponge tents into the os uteri. I do not see how, if repeated sufficiently often, dilatation of the os, followed by active contractions of the uterus, and the expulsion of its contents, can fail to be induced by them. The following passage from Churchill's Med., third Am. Ed., Ph., 1848, p. 290, endorses these sentiments: "M. Bruninghausen and Klugè have proposed and practiced with great success the dilatation of the os uteri, by means of a piece of sponge placed within it and maintained there by a plug in the vagina." Speaking of it, Velpeau says, in comparison with "rupturing" and "separating" the membranes, "it is much more certain. The irritation which results is permanent, progressive, and regular, and *sustained* by the plug which is maintained in the vagina. Under the influence of such an excitement, uterine action is soon brought on, and it rarely fails to acquire sufficient energy." Hayn, of Konigsberg, further says Churchill, adopted this plan with success.

I do not see further, why, in early stages of labor with rigid, undilated, and undilatable os uteri and inefficient pains, a sponge tent of suitable size might not be introduced within the os uteri, the membranes being either ruptured *or not*, and maintained there for a time by the tampon in the vagina, until such an amount of dilatation occurred as to cause its ejection, and no longer to necessitate its presence. In this way, it has occurred to me, in certain cases, the protraction often met with in the earlier periods of the first stage of labor might be overcome as safely as by belladonna, or manual dilatation, and with less trouble than by the system of long continued irrigation, recently proposed as a means of effecting this object by Dr. Geo. T. Elliot, Jr., of this city, (vide N. Y. Jour of Med., 1857.) That this plan does not always succeed, is evident from cases on page 197 of his able article on puerperal convulsions, in the September number of that Journal (Lee, Draper). Sponges are oftener at hand and easier obtained than syringes, and it appears to me more easy and speedier to introduce a sponge into the os, than to inject at intervals several gallons of water.

Permit me to say in this connection, that I am happy to observe that this rising obstetrician has recognized and boldly sanctioned a "more frequent resort" than is customary, "to the harmless measure of manual dilatation in parturient women," on which I have elsewhere, *in extenso*, published my own sentiments (see Med. Gaz., Oct., 1857). He mentions three illustrative cases, and observes justly, I think, that "the non-recognition of this principle has probably cost many lives." May we not hope that, ere long, the introduction of the sponge tent into the os uteri, in early labor, as a means of dilating it, overcoming its rigidity and lessening the protraction of the first stage, may become a recognizedly admissable rule of practice?

I have thus, my dear sir, agreeably to your request long since preferred, given you hastily yet in a longer letter than I could have wished to write, my experience in the employment of compressed sponges, a knowledge of the use of which I derived first and wholly from you. For this, and every other valuable result of your long and close observation and extensive practice, which you have so often, so kindly, and many times so serviceably placed at my disposal, accept my grateful acknowledgments. None who use the compressed sponge can fail to be pleased with the safety, ease, and certainty of its action; nor otherwise than indebted to you for teaching them, or at least, most strongly directing them to its uses.

September, 1857. [*N. Y. Journal of Medicine.*

An Improved Method of Amputation at the Ankle-Joint. *By Richard Quain, F. R. S.*—My object is to give an account of a change made by Mr. Quain in the method of performing this operation; but as it has been illustrated by two cases recently, and, indeed, simultaneously in the Hospital, I will first notice them.

E. B., æt. 21, a soldier in the Guards, native of Lincolnshire, fair-haired, and florid in complexion, a full-bodied and well-proportioned young man, gave this account of the disease of his foot: Eleven months ago, whilst jumping at leap-frog, having pitched on the point of his left foot, he felt in it at the time a pricking sensation, but not enough of uneasiness to cause him to desist from playing. Pain, however, came on during the night, and next morning the foot was swollen. Cold applications were used, but as he got no better he was soon taken into the regimental hospital. There he continued under treatment for nine months. The foot became in the meantime much swollen; abscesses formed; and he was discharged from the regiment and the service on account of the persistence of the disease of the foot. When this person was admitted to the Hospital, at the end of last April, the left foot was much swollen over the tarsus, and there were several ulcerated openings through the skin. When the tarsal and the tarsometatarsal joints were moved he felt much pain. But the ankle-joint (tibio-tarsal) did not give that or any other indication of disease. The sinuses extending from the ulcerated openings on the surface, at the inner side of the foot and on its dorsum, were found to lead to the head of the astragalus, to the scaphoid and the cuneiform bones, and to the junction of these last with the metatarsal bones. Another sinus opening beside the tendo-Achillis was believed to conduct to the joint between the stragalus and the os calcis.

The foot was removed. Everything went on well afterwards without interruption. The ends of the tibia and the fibula were well covered with a pad of the plantar integument and muscle; and the patient was walking about with crutches in three weeks after the operation. On examination of the foot after its removal, the disease was found to extend through the tarsal bones, and their joints with one another and with the metatarsal bones. The peroneo-tibial surfaces of the astragalus alone of the tarsal articular surfaces were unaffected, but the disease on the head of that bone extended up to the anterior ligament of the ankle-joint. The interosseous ligament connecting the astragalus and the os calcis was reduced to a pulp, while the articular surfaces at each side of it were wholly disorganized.

The second case was in the same ward at the same time. These were the particulars of it:—

Richard I., æt. 20, states that in early childhood he suffered from enlarged glands of the neck; that fourteen months ago he felt pain in the right ankle in consequence of the pressure of a tight boot. The pain was followed by swelling. When he came to the Hospital there was a good deal of deformity of the foot from swelling about the ankle. The swelling was most prominent at both sides. At the inner side it was mainly below the margin of the inner malleolus and over the tarsus; on the opposite side it was in front of the outer malleolus. Both the lateral swellings were connected by an elevation extending across the foot in front of the ankle-joint. Incisions were made, and healthy pus escaped in large quantity. Subsequently diseased bone was detected, extending across the foot, and involving all the tarsal bones at their joints, including the joint between the astragalus and the calcaneum. The foot being amputated, the patient, whose health before then was very low from the constitutional effects of the disease, now rapidly improved. The condition of the stump was likewise very satisfactory in every respect. Afterwards the patient was sent to the country, to the convalescent hospital, for a month, and on his return his whole aspect was that of vigorous health. At the same time it was interesting to observe that the muscles of the calf of the leg, on the side from which the foot had been removed, had partaken in the general increase of the muscular system.

October 1st. This young man walked into the hospital to-day to show himself. He is in excellent health. He walks well with a boot, the foot-part of which is stuffed; he bears firmly on the end of the stump. The stump itself is sound at every point, and in no degree tender to pressure any where. The date of the operation was May 14.

The following observations are taken from my notes of Mr. Quain's clinical lecture upon the foregoing cases:

"It appears to me, and indeed it has always appeared to me, that the chief advantage of the operation for removing the foot at the ankle-joint, is due to the fact, that the patient is enabled in progression afterwards to bear directly upon the stump. After any other amputation higher up—that for instance above the ankle, which in other respects is equally if not more advantageous, the person cannot bear his weight upon the end of the stump. Ulceration of the integument would follow; while after an amputation at the ankle-joint, with a flap taken from beneath the heel—from structures, that is to say, which are organized for the purpose—with that covering the bones, pressure is sustained by the end of the stump without injury.

"Now as to the plan of performing the operation: When it was first suggested that the flap should be taken from the under surface of the foot, instead of being made from the front and sides of the joint, as previously practised, Mr. Syme, the author of the suggestion, advised that an incision should be made from one malleolus to the other beneath the os calcis. But the dissecting back the concave flap thus marked out from the projection of the heel is a tedious process. One has to dissect in a confined space over the irregularities of the bone; and it has often happened that the integuments have been perforated behind the heel. Moreover if you read the histories of cases fairly reported, in which the operation has been performed in that way, you will find that counter openings were subsequently required to evacuate pus collected in the cup-like flap. It is in consequence of these evils that I was led to operate in the manner you saw in these cases. Thus, after the incision from malleolus to malleolus under the os calcis, I make a straight incision at right angles with the first, to the back part of the heel on the outer side of the foot, a little above and parallel with its outer margin—between therefore the point of the outer malleolus and the margin of the foot. This plan facilitates the dissection from the os calcis, and hastens the operation. Independently of the direct advantage of this method of operating, I may remind you, by way of answer to possible objections, that the blood vessels (anterior tibial and posterior tibial) as well as the thicker soft structures, lie at the forepart and inside of the ankle-joint, and beneath the foot. It is upon the careful preservation of these parts that the nutrition and firmness of the stump depend. At the outer side, on the contrary, the os calcis is covered only with integument, while the slender blood vessel, the end of the peroneal artery, as it runs along the periosteum, is injured, probably made useless during the dissection. Hence, the incision through this part, while it sets free the flap all around and hinders the bagging of purulent matter, does not interfere with any important structure."

"It may be mentioned, too, that in the recorded cases of the amputatation as usually performed, the outer part of the flap, the part now in question, had often been mentioned as having sloughed. This fact is accounted for by the conformation just referred to."

As no mention is made in the foregoing observations of the other parts of the operation, it perhaps should be stated that Mr. Quain makes the plantar part of the principal flap short, though long enough to cover fully the end of the tibia; and that he forms an anterior flap, which, in the cases above related, met the larger one easily. He dwells on the advantage of so cutting the edges of the two flaps, by bevelling the parts beneath the integument, that they shall in the dressing meet skin to skin as far as possible. This is done with a view to avoid the need for the formation of much new skin during the cicatrization.

I may likewise mention, that with the same view of facilitating the process, I have seen the operation performed with an incision directed obliquely backwards from the malleoli to the point of the heel. This plan, of course, removes the difficulty by omitting the only difficult part of the operation; but the structures from the sole of the foot, those "organized for the purpose" of bearing the weight of the body in progression, are excluded from the flap. The importance of using the structures beneath the heel was enforced by Mr. Quain, some years ago, in a "Clinical Lecture on 'the Places of Election' for Amputations of the Lower Limb," published in the Medical Times, vol. iii (new series), page 659, and referred to in his recent clinical lecture. In laying down general principles applicable to the amputations of that limb, he there says—"That in no case where the operation is made through the leg or the thigh, can the person afterwards rest easily the end of the stump upon the artificial support. It is only where a part of the sole of the foot is made to cover the bone that the end of the truncated limb will sustain without pain or injury the weight of the body. In other words, it is only the structures which are organized for the purpose that will sustain the pressure in these circumstances without causing pain or suffering ulceration." And again, in the same lecture these words occur: "I may state that even when this modification in the method of performing the amputation was first made known I took occasion to perform it, and I then advocated the plan on the same grounds that I now offer in recommendation of it." The date of the publication from which these extracts are taken is 1851. I shall only add, that the operations which I saw performed without including in the investment of the bone the structures here adverted to, did not seem to promise a very satisfactory result.—*Medical Times and Gazette.*

ABORTION FOR RELIEF OF SICKNESS.—Mrs. ——, aged 38, a tall, pale, exsanguined, and emaciated woman, had been attended by me in previous confinements. She was the wife of a tradesman, and mother of a large family, and had always suffered exceedingly from sickness during the latter period of pregnancy, so much so as to necessitate confinement to her bed for the last month or two. She consulted me in April, 1854, when she was six months advanced, imploring me to do something for her sickness, or she should inevitably die. On former occasions I had exhausted remedies, and was therefore little hopeful of doing her good. It is true, the treatment might have been deemed empirical, but this was of necessity. Doing battle with a symptom in no way advances the removal of its cause; and, indeed, it is difficult to conceive how vomiting, sympathetic with an affection of a remote organ (whether it be an uterus occupied with its ovum, a gall-duct impacted with calculi, or an ureter distended with lithic acid concretions), can be controlled otherwise than by remedies especially directed to the primarily affected organ. Of these, so far as the womb is concerned, we may be said to possess none, save, of course, such as would produce contraction and expulsion of its contents.

The poor woman's state was truly pitiable; not a particle of food nor a drop of fluid would remain on the stomach, even for five minutes. So long as total abstinance was maintained, there was peace; but the smallest quantity of the blandest material was immediately rejected; and, what seemed astonishing to her friends, for every spoonful she swallowed, two were thrown up. I went through the form of administering purgatives by the mouth and rectum; sedatives, as carbonic acid, preparations of opium, hydrocyanic acid, calomel, and morphia; compound tincture of senna, in drachm doses (a remedy in which some old practitioners appear to put faith; but which seems to me of as doubtful efficacy as the rest); blisters over the pit of the stomach, the vesicated surfaces being dressed with morphia ointment; croton liniment over the spine. All was to no purpose; the vomiting persisted; the debility increased; the emaciation became extreme; the pulse remained permanently at 110, and a mere wave; and my poor patient insisted that she must die. The seventh month was now complete; and although, on previous occasions, I had always seen Mrs. —— accomplish her full term, notwithstanding the exhaustive drain to which she had been subjected, I now felt it could be so no more. To exist two months, or even two weeks longer, seemed clearly impossible. Death or delivery was the only alternative. I had been daily expecting that Nature herself, ere the woman's life was really imperilled, would have emptied the uterus of its contents; but nature not seeming disposed to have anything to do with it, I determined, after consultation with my partner, upon immediately inducing premature labor. There was no reason to doubt that the fœtus was alive; but the case was too urgent for the question of its viability to be entertained. Examination *per vaginam* revealed the os uteri low down, patent to the finger, soft and dilatable, and the head presenting. Puncturing the membranes appeared the most facile and expeditious mode of inducing uterine contractions. Sir C. Clarke's trocar and canula were used; the liquor amnii drawn off. No pain immediately followed; but in twelve hours one forcible uterine effort expelled the child, which, small and feeble, survived but an hour or two. From this moment the sickness ceased, but my patient for some weeks appeared to be in a dying state, so great was her debility, and so little of any kind of nutriment was she able to take, on account of the extreme pain which this induced in the stomach. However, by slow degrees she rallied;

and, after three- or four months, was enabled to be carried down stairs, and I gradually withdrew my attendance.

In the spring of 1855, I was again sent for to Mrs. ——. It appeared that she had never gained sufficient strength to walk unaided across the room; yet little more than a year after her last accouchement she was again advanced upwards of six months in the family way. All her old symptoms had returned, if possible, in a more aggravated form; she had incessant sickness night and day, inability to take any kind of food or obtain sleep; great emaciation; pulse 120; and debility so extreme, that the poor creature could not turn in her bed without assistance. Again we punctured the membranes, and again a living child was expelled in about the same time. It breathed an hour or two, and expired. Mrs. T. now gradually ceased to vomit; but eating caused so much pain that she took but little food; the debility and emaciation increased, and ten days after delivery she sank. No post-mortem examination was permitted.—*Mr. Gurraway of Faversham in British Med. Journal.*

PROLAPSUS OF THE UTERUS AND BLADDER.—On Saturday, the 22d instant, a poor woman, whose uterus, bladder, and vagina were prolapsed between the legs, and hung down the size of a large cocoa-nut, was submitted to operative measures by Mr. Fergusson, at King's College Hospital. She had been a great sufferer for years without getting any relief, the last three especially. He diminished the size of the external outlet by taking up a pinch of mucous membrane on the left side with a pair of forceps, dissecting it downwards with a scalpel to the fourchette, and up again on the right side, as we have seen him do several times. Interrupted sutures were applied, to bring the denuded surfaces together, by means of a common curved needle and thread, instead of the quill suture applied with a needle fixed into a handle.

On the 4th of July, Mr. Fergusson also operated in a similar manner upon an unmarried female with procidentia. He observed on that occasion, in relation to that particular case, that her condition was somewhat unusual as occurring in an unmarried woman. In most respects, the operation, he said, was analogous to several which had been performed in the hospital. The womb in this case, however, lay very low down, and the mucous membrane of the vagina was more than usually abundant. This is the fifth case of the kind we have had lately, he observed, and all the previous ones have made good recoveries. "You will observe that in this instance I have confined myself to the common interrupted suture, instead of the quill. I believe that this suture is quite as efficacious as the quill suture. In the last operation, you will remember I employed two quill sutures and one interrupted, and as everything turned out favorably, I have this time used all stitches. In course of time, the parts lose their tense condition, the perinæum becoming modified by the stretching it undergoes. However, my friend, Mr. Baker Brown, of St. Mary's, has suggested that I am in the habit of closing the parts too extensively, and that it is advantageous for certain purposes to which these parts are applied by women not too far advanced in life that this should be kept in view. The previous cases will of course remain as they are, but acting upon the hint, I have accordingly, in this operation, borne the suggestion in mind."

The operation of this day week has made the eighth done by Mr. Fergusson within a few months, and the seven previous have turned out well. It is one now becoming of a very common character.—*London Lancet.*

CONDYLOMATA OR MUCOUS TUBERCLES COMPLETELY REMOVED FROM THE VULVA.—These mucous tubercles were so extensive and so prominent, that they formed a series of flattened tumors completely surrounding the vulvæ and anus of a young woman in the London Hospital, who had never had syphilis; some of them even extended into the vagina. There was no hair on the pubes, nor had there ever been, so far as could be ascertained. The outlet of the vagina was concealed by the pressure of the condylomatous masses towards one another in the mesian line. All these were completely cut off, when the girl was under the influence of chloroform, by Mr. Curling, with a pair of curved scissors, an operation which required patience, but one which proved most satisfactory, for when they were all removed, the outline of the parts was intact and quite natural, thus helping to prove the truth of the doctrine maintained by some pathologists, that these growths are solely confined to the epithelial layer of the skin, an opinion in which Mr. Curling himself fully coincides. He stated at the time he did not consider these growths to arise from any specific disease, although they do sometimes, but generally from the irritation produced by the want of cleanliness on the part of the patient. That was apparently so here. They are met with, however, in specific diseases, as well as without. Their structure, if examined, is entirely epithelial, and when removed, a complete cure is effected by the use of some mild astringent application. There was much bleeding while cutting them off, but it very soon subsided, and no vessels required tying, as the hemorrhage arose from the capillaries which abound in such vascular growths. A firm T-bandage was lastly applied. The growths removed filled a small porringer, and occupied a space as large as two flattened fists, before removal; some of the smaller ones were sessile.—*Ibid.*

CHAMPAGNE IN SEA-SICKNESS.—*Sir:* Having read in some late numbers of your journal a few letters on the treatment of Sea-Sickness, in most of which chloroform is stated to be a never-failing remedy, allow me to say, that when Surgeon to a large passenger steamer, in 1855, I was first in the habit of giving five drops of chloroform in a wineglass of cold brandy and water; but though it certainly superseded all other previous remedies (such as creasote, prussic acid, etc.), I sometimes found it fail, especially with ladies, some of whom would not take it at all on account of its ethereal smell; in such cases, and in all when it was easily attainable, I gave champagne (a glass every half hour), a few glasses of which invariably succeeded in allaying the distressing nausea; and from its being an agreeable draught, it was always readily taken.

I may add that I have found champagne and chloroform very efficacious in relieving the sickness and cramps of cholera; and I have heard that champagne was a remedy much used at Corfu when the cholera last raged there. Perhaps some of our military surgeons who served there will kindly tell us with what result.

I am, sir, your obedient servant,

RAVENHILL PEARCE, M. D.

MONTPELIER ROAD, BRIGHTON, October, 1857. [*Ibid.*

LIGATURE OF VARICOSE VEINS IN A PREGNANT WOMAN.—It is not a usual circumstance, as every accoucheur is aware, to perform any operation, even the slightest, on a pregnant woman; but, in the present instance, it was really necessary, as the patient, in University College Hospital, some months advanced in pregnancy, had varicose veins of the right leg, and a large varicose vein, which was almost constantly bleeding, so much as really to prove a source of great danger to life. It became a matter of some moment, therefore, to arrest this bleeding; and it was accomplished by Mr. Erichsen in the usual manner he is in the habit of employing of ligaturing veins—namely, placing pins under the veins, and tying them over a piece of gum elastic bougie. We learnt that this procedure was quite effectual, without any bad consequence to the poor woman.—*Ibid.*

WAR AND MEDICINE.—*Sir:* How striking is the contrast betwixt the art of medicine and the art of war! The last has for its object the destruction, the first the preservation, of the species. The mind of the warrior teems with machinations of ruin, and anxiously revolves, amongst different schemes that present themselves, which will carry destruction to the widest extent and with surest aim; his progress is marked by devastation and blood, by depopulated fields and smoking villages; and the laurels which he wears are bedewed with the tears of widows and orphans. The acclamation which he wins from one portion of his species, is answered by the curses and execrations of another; and the delusive splendor, the proud and imposing array, with which he contrives to gild the horrors of his profession, are but the pomp and retinue of the King of Terrors.

The art of healing proceeds, with a silence and a secrecy like the great processes of Nature, to scatter blessings on all within its reach; and the couch of sickness, and the silent retreat of sorrow and despair, are the scenes of its triumphs.

The little applause which is bestowed on physicians, compared with what is so lavishly heaped on conquerors and military men, conveys a bitter reflection on human nature, by showing how much we suffer ourselves to be the dupes of our senses, extolling the brilliant rather than the useful; whereas a just and impartial estimate would compel us to assign to skilful practitioners of medicine the very first rank amongst merely human professions. For when we consider the variety of ills to which we are exposed, and how large a portion is derived from bodily infirmities, it will appear that we are more indebted to their assistance than to that of any other class of persons whatever. Well, may you exclaim, in your leader, "They manage these things better in France!"

I am, Sir, your obedient servant,

J. B. NEIL.

October, 1857. [*Ibid.*

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MEDICAL NOTES AND REFLECTIONS.

By Dr. J. E. Thompson, Roseville, Arkansas.

"*Southern centres require Southern laborers.* * * * * * * * *Observe, think, write, publish.*"—Bennet Dowler.

The day is not far distant, if it has not already dawned, when it will be an established fact, demonstrated by clinical observation and pathological research, that there are *Southern diseases requiring Southern treatment*. Is it not reasonable to conclude that topography, climate, and race should modify diseases quite as much as they do the plants and animals, the flora and the fauna of different geographical localities? Southern practitioners have already listened to Northern teachers until they have become so thoroughly indoctrinated into the treatment of diseases as they appear in the North, that they invariably have to *unlearn* what they have learned, or be compelled to endure the mortification and dissatisfaction consequent on their unsuccessful practice. Professor E. D. Fenner's remarks, in his Salutatory, published in the New Orleans Medical News and Hospital Gazette (vol. iv, p. 486–7), are to the point and well said. "It is," says he, "universally admitted by Southern practitioners who have been educated at the North, that it requires at least three or four years for them to unlearn the practical precepts of their teachers, and to strike the track that leads to successful practice." It has really become a prevalent opinion among the students of medicine, that there are no schools, no hospital advantages, no teachers, and no authors, south of Mason and Dixon's line; and that *all* advantages are embodied in Northern schools and hospitals. Hence, they flock to the North to learn how to treat (I suppose) Southern diseases! But, ere long, the current will be changed; the South will teach her own students; in short, do her own thinking, writing, and teaching. Then the junior practitioner, though he may have taken his degree at the North, will not think himself competent to treat Southern diseases until he has attended a course of clinical instruction at the great Clinical Alma Mater of the South, the Charity Hospital at New Orleans, or some other Southern institution. If every practitioner of medicine in the South was more fully interested with regard to the *peculiarities* of Southern diseases, and would carefully observe and investigate, and faithfully record these *peculiarities* as they present themselves, there would soon be built up among us a Southern medical literature that the North could not wink at. Hence, actuated by the wise saying of our code of medical ethics, that "every individual, on entering the profession, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness," I shall from time to time present, through the pages of the New Orleans Medical News and Hospital Gazette, the result of my experience and observations in the treatment of diseases in this section of the South, though they may add but a *small* mite to our literature.

PERNICIOUS FEVER.

"There may be great disorder in the functions of the body, without either inflammation or any fixed disease in the solid parts."—SENAC.

CASE I.—Miss L., æt. 20, of nervous temperament and strumous constitution, was attacked on the 19th of July, 1857, about 2 o'clock, P. M., whilst returning from church, with a severe chill, which lasted some three hours, the violence of the exacerbation not subsiding until next morning. On the 20th, about 1 o'clock, P. M., the chill recurred, but was milder in degree.

July 21st, 2 o'clock, P. M.—Called in haste; messenger thought she would be dead before we could get there (a distance of one mile), for she had had a "congestive chill" ever since noon. When I arrived, I found her comatose and speechless; pulse 60, small and hard; respiration 12, rather stertorous and sighing; tongue covered with a thin, light fur; face livid, countenance dull and haggard; eyes languid and injected; head and chest hot, with a clammy perspiration on the forehead; extremities livid, shrunken, and as cold as marble; bowels constipated and tumid; epigastrium tender on pressure; urine highly colored and scanty. Had vomited several times before I arrived.

℞ Calomel, grs. 20;
Pulv. Ipecac, Pulv. Camphor, aa, grs. 15.

Divided into two powders, one to be taken every three hours, with the following diffusible stimulant:

℞ Tinct. Capsi.; Tinct. Camph., aa, fʒi;
Brandy f℥ss.

To be given every half hour until four doses are taken, then to be given every hour until reaction ensued. Had her feet and arms bathed with warm water, with mustard and red-pepper added; then the extremities were rubbed assiduously with red pepper, hot stones applied to her feet and hips, a pair of blisters to her inner thighs, with sinapisms to the external, while the whole spine was well bathed with hot spirits of turpentine. Cold cloths were also kept to her forehead.

6 *o'clock, P. M.*—Has taken the calomel; has vomited twice. Matter ejected was mostly bile, mixed with undigested food; other symptoms same; sinapisms applied to the epigastrium. To have the following at 7 o'clock, P. M.:

℞ Castor oil, ʒi;
Spirits Turpentine ʒss.

To be given in toddy. Other treatment continued.

8 *o'clock, P. M.*—No better. Body bathed with a cold, clammy perspiration. Cupped each temple; blisters drawn; no action on the bowels. If no action by 9 o'clock, an enema of oil and turpentine to be given.

12 *o'clock, midnight.*—Patient same. Had no action on the bowels. Enemata continued. Had patient put in a tub of warm water, and opened a vein in the right arm. Blood began to flow in about twenty minutes. Took six ounces. Local treatment continued, also the internal stimulants.

22*d*, 2 *o'clock, A. M.*—Patient can speak. Pulse 100, and soft; respiration 16, and normal; had two bilious discharges from the bowels since 12 o'clock; skin warmer; complains of head and stomach. Gave one-sixth of a grain of Sulph. Morph. Stimulants stopped.

4 *o'clock, A. M.*—High febrile excitement; pulse 118, full and soft; vomits occasionally.

℞ Neutral mixt. (U. S. Disp.) f℥iv;
Spts. Nit. Dulc. fʒii;
Tinct. Digitalis fʒi.

Dose, one tablespoonfull every half hour, until the stomach becomes quiet.

5 *o'clock, A. M.*—Pulse 105; skin hot and dry; has slept about half an hour; complains of no pain, but of "great weakness."

℞ Sulph. Quina 48 grs.;
Pulv. Doveri 20 grs.;
Blue Mass 12 grs.; m,

and divide into four powders, one to be taken every two hours, beginning at 5½ o'clock, A. M.

12 *o'clock.*—Has taken all the powders; skin moist; pulse 85, soft; patient fully under the influence of the quinine and Dover's powders. Ordered a dose of oil at 4 o'clock, P. M.

2 *o'clock, P. M.*—Patient has slept ever since noon; pulse 80; skin cool and moist.

6 *o'clock, P. M.*—Had two actions on the bowels from the oil. Discharges dark green.

℞ Sulph. Quina, Pulv. Doveri, aa 24 grs.;
Pulv. Camph. 10 grs.

To be divided into six powders, and one to be given every three hours. After the powders were all taken, ordered 20 gtts. of tincture of iron, in two ounces of water, three times a day for two weeks. She had no recurrence of the disease, but improved rapidly.

Case II.—Miss T. S., æt. 7, of scrofulous constitution, was attacked with a chill on the 4th of August, 1857, followed by high febrile excitement, with pain in the head and back.

August 5th, 2 *o'clock, P. M.*—Called in haste. Patient had a chill at 7 o'clock this morning.

Present condition: violent delirium; surface hot and dry; intense thirst and a continued cry for "cold water;" pulse 125, and hard; eyes injected and of a wild expression; face flushed, and countenance anxious; tongue normal; bowels constipated and tumid; epigastrium tender on pressure; considerable soreness in the region of the liver and spleen; rejects everything swallowed; urine highly colored and scanty; grinds her teeth continually; lies on her back, with her knees drawn up; when attempts are made to turn over and lie on either side, complains greatly; very restless and wakeful.

℞. Calomel, 20 grs.; given in two doses, four hours apart, with the following: ℞. Neutral Mixt., (U. S. Dispensary) f ℥iv; Spts. Nit. Dulc., f ʒjii; Tinct. Digitalis, f ʒi♏. Dose, ʒi every half hour, until the stomach became quiet: sinapisms to the epigastrium, and hot spts. turpentine to the whole spine.

4 *o'clock P. M.*—Febrile symptoms same; stomach still irritable; thirst urgent, but when water is taken it produces distention, as well as increases the pain and vomiting. Cold cloths applied to the stomach and forehead. Treatment continued.

6 *o'clock P. M.*—Had two convulsions since 4 P. M.; checked them by the administration of tinct. camphor and chloroform, one portion of the latter to two of the former. Other symptoms same. Treatment continued.

10 *o'clock P. M.*—Gave an enema of sweet oil and spts. turpentine, in starch water, to be repeated in one hour if no action is had on the bowels; pulse 126, small and weak; not so delirious; surface cooler; stomach quiet. Stopped the neutral mixture, and gave one of the following powders every two hours: ℞. Sulph. Quina, grs. 30; Pulv. Camphor, grs. 10, ♏, and divide into five powders. Enema continued every two hours until the bowels move. Cataplasm to the stomach.

6*th*, 7 *o'clock A. M.*—Took the last powder at 6 A. M.; nurse supposes they have all been ejected; pulse 110, weak and thready; respiration 16, sighing; very thirsty; tongue covered in the centre with a light fur, while the edges are red; extremities cold; surface covered with a cold, clammy perspiration; comatose, with low delirium; epigastric distress very great; had one clay colored discharge from the bowels. ℞. Oil of turpentine, 10 gtts., to be given every two hours in mucilage; extremities bathed with mustard bath, and turpentine to the spine.

10 *o'clock, A. M.*—Pulse 125, fuller; no action from the bowels; skin hot and dry; very delirious and restless; epigastric distress great; thirst urgent. Ordered neut. mixt., nitre, etc., in drachm doses, every half hour, with one grain of calomel every two hours, till four grains are taken.

12 *o'clock.*—Patient about the same. Ordered an enema with ten grains of quinine every hour; 4 grs. every hour by the mouth.

8 *o'clock P. M.*—Called in haste—messenger said she was dying; found her much prostrated; pulse 140, small and weak; tongue red and dry; has ejected all the medicine since noon; low delirium; extremities cold, with a cold, clammy perspiration over the surface; has vomited three pints of a dark, inodorous, coffee-ground looking matter, mixed with dark grumous blood; thirst still urgent; countenance hippocratic; had one action on the bowels similar to that vomited. Applied a blister over the region of the stomach and liver, and after it has been dressed, Sulph. Quina and Morphia to be applied to the raw surface every four hours; then to be dressed with Ung. Hydrarg. An enema of castor oil and turpentine to be given every two hours until an action is produced on the bowels. Treatment continued.

7*th*, 6 *o'clock A. M.*—Blister drawn well; passed one large ascaris lumbricoides, but without any fæcal discharge; pulse 140, and small; emesis only when anything is swallowed. Oil of turpentine continued; also quinine. Told the parents she would die, and requested consultation.

4 *o'clock P. M.*—Dr. T. A. Carter, of Ozark, arrived. Present condition: Pulse 135, and weak; skin moist and more normal; rational, and rests easy; bowels constipated and tumid. Dr. Carter thought she would be convalescent in forty-eight hours. At his request the following prescription was made: ℞. Sulph. Quina, Pulv. Doveri, aa 10 grs., Blue Mass 6 grs., mix and divide into six pills, one to be given every hour, beginning at midnight. Quinine and morphine applied to the blister; oil of turpentine continued; neutral mixture during febrile excitement. Patient remained about the same till 10 o'clock P. M., when she began to sink; she died at 11 o'clock, P. M.

REFLECTIONS.

Truly, as Lautter observes, the physician is the arbiter of life and death in this terrible affection. Certainly, it is a beautiful thing to snatch from imminent danger—to rescue almost from the tomb—a fellow being stricken with a pernicious paroxysm. The danger is often so urgent, that the physician, as well as friends, can hardly indulge a single hope of recovery, and are standing with all anxiety and anguish around the supposed bed of death, when behold! the patient is already cured! However, deceived by the eclat of success, we are frequently carried away by sanguine expectations of the most speedy recovery, almost refusing to believe in the possibility of a fatal result, when lo! our hopes are blasted—our patient is dead! Such is the insidiousness, and such are the melancholy results of *pernicious fever.* The most interesting feature of the first case is the combination of the *comatose* and *algid* varieties, and the unusual length of the paroxysm, i. e. *fourteen hours.* For twelve hours she was comatose and speechless, and as cold as marble.

With reference to the treatment, it was undoubtedly hazardous and bold to resort to blood-letting, but had it not have been resorted to at that particular time, she would surely have succumbed. Though I am confident that reaction was brought about by the use of the lancet in this case, yet it does not amount to positive evidence that reaction was the effect of the operation. With reference to this point, Dr. John Bell remarks: "The reaction which follows venesection, in cases of extreme depression in the cold stage of congestive fever, is indeed a sequence, but not so often, if at all, an effect of the operation, as is commonly supposed. It is an evidence of recuperative powers of the nervous and other systems, which were merely suspended or perverted in their manifestations; but it does not depend on venesection for its occurrence." [Bell and Stokes' Practice, p. 584, 2d Amer. Ed.] Blood-letting not only acts as an evacuant or a sedative, but it is frequently a means of causing new actions and new movements in the functions of the organic elements. If the danger in pernicious fever arises from its congestive element, depletion may produce reaction by relieving the load that oppresses the heart, brain, lungs, and other important organs. But, if the danger is in the morbid change in innervation, the congestion being the product of this suppression of the nervous functions, the abstraction of blood would not produce reaction, for the nervous system is as capable of reacting with as without this load on the organs. Had she not been bled, and at this particular time the *refrigerant* plan had been resorted to, reaction would still have undoubtedly taken place; then the system would not have been so anæmic from depletion, requiring so much subsequent tonic treatment to repair what had become defective, i. e. the *red globules;* unless, in pernicious fever the red globules are always defective; and then, the *refrigerant* plan would be more likely to restore this lost equilibrium, than to increase it, as would depletion. However, in cases where other treatment had failed in the pernicious fevers of the South, venesection might be of service; only, however, as a *dernier* resort. Dr. Stokes, in speaking of blood-letting in the cold stage of pernicious fever, remarks: "However, in all cases of intense congestion, but particularly in the pernicious ague of warm climates, I think this practice of great utility, and I am almost inclined to think that it may be employed with advantage in cases where bark, after a sufficient trial, does not exert any influence over the disease." [Bell and Stokes' Practice, p. 443, 2d Am. Ed.] I have used this remedy extensively in the North, but where I have used it, I could not see but my patients required more quinine and other tonics, than did those I did not bleed. Dr. Stokes, upon this point, remarks: "In almost all the cases that came under our care in the Meath Hospital, in almost every instance, we were obliged to have recourse to bark after the use of the lancet, and we could not say that the patients required less quinine than those who had not been blooded."—*Ibid.* p. 443.

The second case was of the *delirious* variety, double quotidian type, complicated with *acute gastritis*, the latter being the most formidable affection, though secondary, and produced by the sudden prostration or depravation of the nervous power, in which the innervation was so extremely and dangerously defective. Had not the latter affection set in, which, according to M. Maillot, is of more frequent occurrence in this, than in either of the other varieties, the patient might have recovered; but the remedies used for the former evidently aggravated the latter. Where emesis is so distressing, so much so, that the febrifuges are rejected, the danger is made ten fold greater. In this case, though quinine was used in every possible manner, the disease kept the mastery, and carried our little patient to a premature grave. With reference to the *nature* of pernicious fever, the profession have been considerably at variance, some regarding it as depending on organic lesion, others saying that it is truly a disease of congestion: while others, with more plausibility too, regard it as being an extreme depression or depravation of the nervous functions. Dr. Bailly refers the phenomena of pernicious fever to the "remains of some organic lesion." M. Maillot thinks that in most fatal cases, "there existed some chronic lesion before the access of the disease." Dr. Johnson regards the disease as consisting of vascular congestion, as well as of the deep-seated viscera and large vessels. Hence, his indications of cure —"to restore the lost balance of the circulation" by bleeding *ad deliquium*. Dr. Bell remarks: "If we trace the series of morbid phenomena we shall find that the circulation becomes gradually weaker and deranged by the increasing inability of the heart and capillaries to perform their respective functions—an inability which is dependent on the irritability and depression of the nervous system, and which becomes in its turn a cause but is not, as erroneously supposed, an effect of the congestion." [Bell and Stokes' Prac., p. 581, 2d Am. Ed.]

Dr. E. Bartlett, after stating that the pathology of periodical fevers consists of a kind of "double element—a *perversion of the functions of innervation*, and of *local congestions in certain organs and tissues*," comes to the following conclusions: "The relations of the lesion of innervation, and of the local congestions to each other; and the relative and absolute importance of all these, the parts which they respectively play in the integral disease which they constitute, must be more or less matters of opinion merely. The nervous disturbance constitutes probably the first visible and tangible link in the chain of morbid processes making up the disease; it seems reasonable to suppose that it takes precedence of the local congestions, and that the latter are under the control of the former. * * * * The danger to life would seem to depend, generally, upon the intensity of the visceral congestions and irritations." [On Fevers, p. 379-80.] The congestion that is present in pernicious fever is venous; the blood deserts the capillaries, and concentrates in the veins and great organs; the innervation of the extreme vessels fails, and they become unable to perform their part in the circulation—the blood entering them with difficulty, and being carried through them slowly; hence the paleness and lividity of the surface, and icy coldness. From the nervous death in these vessels, the watery portion of the blood exudes through them—hence the profuse sweats. The heart is excited to excessive action by the calls upon it through the nervous centres of the empty capillaries; or it may suffer from the same depression, and its action be extremely slow and labored—hence syncope. The pulmonary capillaries cease to propel the blood with their normal rapidity, and the blood is not duly decarbonized—hence the oppression in the chest and want of breath, the slow respiration, deep sighing, etc. The stomach suffers from the same deficiency of innervation, as did case II; it is thrown into excessive spasm, bloody serum percolates through the coats of the vessels, and is discharged from the stomach or bowels, adding a vital expelling force to that of mere physical transudation. When these last phenomena occur death is inevitable—from extreme exhaustion of the vital force by hyperemesis and hyperhydrosis. M. Maillot contends that there is extensive softening of the mucous membrane, but if so, it most likely may be ascribed to extreme depression of the vital forces. The thirst and sense of internal heat, may argue that congestion or inflammation exists. Where the capillaries are empty and depressed, thirst is a common accompaniment. Dr. Wood remarks, in his work on Practice, (p. 301, 4th Ed.) "that this defect or derangement of innervation lies at the basis of all the morbid phenomena of the organic functions. The congestion necessarily follows the prostration of the active circulating forces." Hence it follows, that life is threatened, not by *congestion*, but by *extreme depression and depravation of the nervous centres.*

[TO BE CONTINUED.]

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CALCAREOUS DEGENERATION OF THE OVARY.

Messrs. Editors—About two months ago, I was requested by Dr. Samuel Mathews, of Carroll Parish, La., to assist him in making a *post mortem* examination in a case in which he had had much difficulty in making a diagnosis. The subject was a negro woman, about fifty-five years of age. We first exposed the brain, which we found softened at three points, one of which was extensive, and partially involved the origin of the optic nerves. We now would have rested satisfied, without proceeding any farther in the examination, having discovered sufficient cause of death, but the owner of the woman, Mr L., being present, requested us to examine the abdominal and thoracic viscera. We did so, but altogether for his gratification, as we did not suspect any disease in those cavities. We found every thing in a normal condition until we reached the womb, which was extensively ulcerated about the os and cervix, and the left ovary, which we found the seat of earthy degeneration. After removing a tough fibrous coating that enveloped the ovary, we discovered an opening to the centre, out of which protruded a substance resembling *hair*. With a pair of small forceps, we removed a large quantity of this substance, which I examined with a small microscope, and found it to present every appearance of genuine *hair*. The symptoms preceding death in the above case, as I learned, were partial loss of memory, then dementia. For several days before death she was in a state of complete stupor and insensibility. She had been a healthy, robust woman, and was the mother of several children. She never complained of any pain during her last illness, and the physician who had treated her case, and who had known her for some years, did not suspect any disease of the womb or its appendages.

J. L. JONES.

ON THE ACTION OF THE DIAPHRAGM AND ABDOMINAL MUSCLES IN LABOR.

By J. GRALL, Student of Medicine, New Orleans School of Medicine.

All authors on obstetrics consider the actions of the diaphragm and abdominal muscles as being identical in their objects—that is, expulsive; and they also regard these actions as being secondary in point of importance to the action of the uterus, giving us thus to understand, that the uterus would be able to do the whole work alone.

Now, it strikes me, that the continued action of these muscles in labor is not understood. The resistance which the head of the fœtus encounters in passing through the pelvic cavity, and, consequently, the force required to press it through, all acknowledge to be great, as well as difficult to estimate. But physics tell us, that the same force which presses the head downwards, acts in an opposite direction on the fundus uteri. Where are the means to keep the uterus in its place? All the ligaments binding it down are relaxed; the cellular tissue, connecting it with neighboring parts, is relaxed. And the same may be said of the vagina.

Were the uterus inserted into the circle of the linea-ileo-pectinea, there would be no difficulty in explaining its action; but, instead of this, we have a hollow muscle floating, so to speak, in the abdominal cavity, at all times very moveable, but particularly so at the close of gestation. We can readily comprehend, from the known strength of its muscular fibres, how it is able to *ex*pel the ovum from its cavity; but that it can, without a *point d'appui*, *pro*pel the fœtus through the pelvis, with all the resistance there encountered, is contrary to the plain laws of physics. I contend that the so-called "accessory" muscles constitute this indispensable *point d'appui*, and this is their legitimate function in labor.

In the first stage of labor, while there is no resistance offered to the head, and the action of the uterus is merely for the purpose of dilating the os, we have no use for the action of the diaphragm and abdominal muscles, and they are quiescent. The uterus is capable of dilating its os and of expelling its contents, if no greater resistance were offered; but no sooner are the waters evacuated than the head presses against the pelvis—the second stage, or stage of *pro*pulsion, begins; the uterus is pressed upwards with the same force that the head is pressed downwards, and now the *point d'appui* of the diaphragm and abdominal muscles is indispensable—the former muscle to offer resistance superiorly, the latter to offer it laterally.

Again; when, during the interval between the pains, in the second stage, the head *recedes,* this does not indicate a return of the child into the uterus from which it was being expelled, but the phenomenon is the result of the relaxation of the diaphragm, the uterus being thus allowed to return to a point higher up in the body—and, of course, it carries its contents with it.

It, also, seems to me a very wise provision of nature, that the parturient woman should, in certain cases, lose her control over these accessory muscles. If such were not the case, and if, during the second stage, a violent contraction were to occur (no resistance being offered), we might have dangerous straining, or even laceration of the parts connected with the uterus.

My want of experience in obstetrics prevents my considering this subject in all its bearings, but so far I believe I am correct, and submit my views to superior judgment.

PRACTICAL POINTS IN OBSTETRICS.

By D. Warren Brickell, M. D., Professor of Obstetrics, New Orleans School of Medicine.

Notwithstanding the important branch of Obstetrics has, of late years, been most assiduously cultivated by members of our profession of acknowledged worth and ability, the practicing obstetrician who adopts as his motto —"*Nullius addictus jurare in verba majistri*" (and, this should certainly be the motto of every individual endowed with the capacity to think)—will inevitably find himself occasionally at variance with our established practice, as laid down in the books and as annually enunciated by lecturers in the schools. He who freely exercises his mental powers then, and, having pondered well, arrives at anything like a fixed conclusion, is but performing a duty which he owes himself and the community from whom he derives a support when he records it, no matter how apparently trivial may be the subject he has been contemplating. Liberal men will always hail with pleasure the promulgation of an idea even partially supported by reason, though we cannot expect to satisfy the caviler, or to make any inroad on the unbending prejudices of the old routinist.

How soon after the birth of the Child should the Cord be ligated?— Ramsbotham says: "It was once the custom to tie the funis directly the child was in the world, whether breathing had commenced or not; under such management, no doubt, many were lost. Hippocrates, speaking of a fœtus that has passed with difficulty, or been extracted by art, counsels us not to separate it from the mother until it had either passed urine, sneezed, or cried aloud; or, in other words, until strong assurance was afforded of its having assumed some of the functions belonging to breathing life." And then he tells us, that the rule he would lay down for the student is nearly that directed by Hippocrates—viz: "not to put the ligature round the funis until the child has cried, or given some other unequivocal evidence of the proper change having taken place in the function of the lungs; unless, indeed, it be born with animation suspended, and he is desirous of using the warm bath, etc."

Again, in the Appendix, under the head of "Fœtal Animation Suspended," he says, after advising "two or three smart slaps on the buttocks, back, and chest," for the purpose of arousing the child—"should this, however, fail to excite the first respiratory effort—provided the heart's action be too feeble to propel the blood through the navel string—separation should be effected as speedily as possible, etc."

Unfortunately, Ramsbotham, although writing a book for the use of students, neglects to lay down the rationale of his system of delay, though the whole tenor of his article is such as to make us clearly infer that he believes the expelled fœtus is still deriving vitality from the mother at whose breech it lies.

Davis says—in speaking of the matter of the application of the ligature after the birth of the child—"before, however, he proceeds to apply his ligatures he satisfies himself that the child's breathing is well established." Also, in treating of Asphyxia,—"this state of things may be a consequence of detachment of a portion of the placenta either during the labor, *or immediately after the expulsion of the child*" (we italicise).

Cazeaux says (Amer. Edit., 1857)—"when the child escapes from its mother's womb living, and in a healthy state, the circulation existing between it and the plancenta is observed to continue for some time, where the delivery is abandoned entirely to the powers of nature; the after-birth is soon detached and expelled, and then it, as well as the cord, loses its vitality, etc., etc."

Gardien says—"when the infant is born apoplectic, we cannot wait for it to utter many cries (jeté plusieurs cris) before cutting the cord; it would be dangerous to adopt such a precept." I have looked carefully, and this is the only allusion to the subject of cutting the cord that I find made by this author. The peculiarity of his expression leads me at once, however, to infer that, in ordinary cases, he would advise the student to wait for the child to cry freely (plusieur cris) before cutting the cord.

Chailly Honoré says—"If the infant is well, if it cries, if the respiration is well established, etc., etc., "then we apply the ligature. Also, when treating of asphyxiated infants." In such a case we are careful to let a little (une goutte) blood run from the cord, etc."

Collins says—"Here, as well as in *all other cases,* where the child is born in a *feeble state,* the ligature should not be applied until the pulsation entirely ceases, except the child cries strongly, or breathes freely."

Murphy says—"when the uterus is thus prevented from again relaxing, you may attend to the funis. The delay is serviceable to the child, because time is allowed for the transition from the placental to the pulmonic circulation, by which the latter is completely established, before placental life altogether ceases."

Rigby says—"the cord should not be tied until it has ceased to beat, for unless the circulation be well established in its new course, the breathing is apt to stop, and the child relapse into insensibility."

Tucker says—"If it (the child) breathe and cry aloud, when delivered, we may proceed immediately to tie the cord."

Dewees says—"when respiration is established either spontaneously, or by artificial means, we apply a ligature to the cord, provided pulsation has ceased in it; but not until then."

The Dublin Practice of Midwifery (Maunsell) says—"should the child not have breathed perfectly after birth, it is better to leave it attached to the mother as long as the cord continues to pulsate, and to endeavor to excite respiration by tickling the mouth and fauces, and gently slapping and rubbing the chest. If these means do not succeed, and the placental circulation ceases, we must divide the cord."

Finally, Meigs says—"as soon as the child is found fully to have established its respiration, steps should be taken to sever it and remove it from the mothers's couch."

I have thus taken from the shelf before me an array of modern authority sufficient to establish the point, that obstetricians think it of practical importance to delay the child at the breech of the mother, and to preserve the funis intact until respiration is established: and this idea is evidently based on the supposition, that after the child is extruded it is still, to a greater or less extent, dependent on the mother's blood for oxygen, derived through the medium of the placental vessels. I cannot think it neccessary to extend quotations from authors, for, as far as my own acquaintance with them goes, the earliest, as well as the latest, entertain this one common opinion. More than this, so far as my acquaintance with the lecture rooms of our country goes, this is the idea impressed on the mind of the student, and the young graduate goes forth into the lying-in room to wait at each birth for the great evidence of the independent vitality of the child—its cries. Each young practitioner seizes on this crying point of obstetric practice, and blows and sprinkles and spanks each babe born before him to elicit the grateful music, and all because it has been ding-donged into him by his teacher as a great "practical point;" but he has never stopped to think that the very same teacher has urged him, when an asphyxiated or fainting child does not quickly respond to irritants, to cut it loose from the mother, in order that he might bring to bear on it the proper means of resuscitation—and this, because the teacher who urged the importance of the child's crying instilled him with the idea that the extruded child is still in connection with the mother, and, at the same time, failed to account for the evident contradiction of taking away the asphyxiated or fainting child. It is thus that we become wedded to old ideas and transfer them from one generation to another, not stopping to weigh them in the scale of common sense, and never appreciating the injury that is indirectly resulting from their propagation.

No man can practice obstetrics a year and not willingly admit that the large majority of children struggle and cry so soon after they are extruded, that it would require a very dexterous hand to apply a ligature to the cord before respiration is thus established. We frequently see children making the effort to breathe even before they are half expelled. Thus the rule forces itself on us, that the child will cry, or, more properly speaking, respiration will be established, before the ligature is applied, but without any thanks due the accoucheur for awaiting the joyous sound; and thus the consideration of the propriety of waiting, as directed by authors, is applicable to the few remaining cases, and these will be the more or less asphyxiated, etc., etc.—all of which we are told to separate from the placenta if respiration is not soon established.

Now, I find myself in opposition to all authority on two points, and I teach my pupils accordingly. 1st. If the uterus which has just expelled the child be found contracted on the contained placenta, I deny that the child can, for a moment, rely on or derive any life-giving element from that placenta; and, consequently, from the mother. 2d. Assuming the first point as a basis, I deny the propriety of one moment's delay at the breech of the mother, for the resuscitation of an infant with suspended animation.

We have but to reflect one moment to recognise the fact, that one of the great sources of danger to the child in a protracted second stage of labor, is found in the interruption of the placental circulation. When the uterus is contracting on the child to effect its expulsion, the placenta is necessarily squeezed between its walls and the surface of the child, and at each contraction the circulation in the placental vessels is interrupted. But for nature's wise law of periodicity, as characterizing labor pains, in every stage, the child would be lost from this cause, even if no other were acting detrimentally. In other words, a continuous pain or contraction, in place of intermitting efforts, would necessarily so completely interrupt the circulation, by pressure on the placenta, as to check the process of oxygenation, and death of the fœtus would be inevitable.

But, let us suppose that the uterus is really expelling its contents—that the fœtal volume contained, is growing less with each pain, experience tells us that the healthy uterus, while it is possessed of the power to act periodically on its contents, never for a moment loses its permanent tonicity; and we therefore find it growing permanently smaller as the fœtus emerges from it.

Before labor commenced, then, we had a placenta lying against (not firmly attached to) the uterine parietes, and occupying a surface from fifteen to twenty inches in cicumference. First, the liquor amnii is evacuated, and the size of the uterus is permanently reduced in proportion to the quantity discharged. In proportion to the general reduction, of course, the surface of the seat of placental attachment is reduced. Then the second stage is commenced, and soon the child begins to leave the uterine cavity; as it emerges, the permanent tonicity of the organ causes it to become smaller and smaller, until, when the fœtus is wholly expelled, the organ, as it is found contracted on the placenta, is not more than five inches in length. As a matter of course, then, the utero-placental surface has been reduced in a corresponding degree, and, from a primary diameter of six or seven inches, it must now have come down to two or two and a half, or, more probably, less. If we are content, then, to translate literally the plain physical phenomena which have occurred, it seems to us, that we must admit that the very same permanent reduction of the uterus, which is taking place as the fœtus emerges from it, is gradually effecting the separation of the placental mass (and simultaneously the partial closure of the mouths of the uterine vessels), until, when the child is born and the uterus is firmly contracted down to "the size of the two fists," the placenta is really entirely detached, and its functions *terminated.* To comprehend the manner in which the placenta must be detached under the permanent and continuous reduction of the superficies of the utero-placental surface, we have but to apply a piece of paper moistened with paste to a thin sheet of india rubber while in a state of tension; then let the india rubber gradually, (or suddenly, if you will,) return to a state of relaxation, and we shall find the paper detached by the process. If the paste be too tenacious, or if the paper be allowed to dry on the surface of the india rubber, we shall then see clearly exemplified the results of different conditions of morbid adhesion of the placenta to the uterine surface. Perhaps this little experiment will give a better idea of the rationale of placental detachment in really natural labor than any verbal explanation could. But detachment is not all that occurs to interrupt, or indeed, to check the oxygenation of the child's blood: in every normal case we shall find the uterus *firmly grasping* the placental mass, (now no longer spread smoothly out, but doubled and bent on itself in every direction,) and thus choking or smothering the child from this direction.

The foregoing idea of the mode of seperation of the placental mass is entirely corroborated by all my personal observation during ten years. To make the sum of this observation as valuable as possible, I have, whenever the nature of the case would permit such a liberty, passed my hand along the cord of newly-born children, for the purpose of ascertaining the extent of the circulation in the umbilical arteries; and, notwithstanding my researches have been instituted immediately on the expulsion of the child, I have yet to see a case where the pulsations could be felt at the junction of the cord and placenta, provided the cord be of average length. This seems to me *practical* proof positive, though the position I assume is reasonably as well as practically true.

But a single quotation from our American author, Meigs, (and who, by the by, we have shown to be on the list of delayers,) will tend to strengthen matters still farther. He says:—"The womb is strongly contracted in the last expulsive throe; and if the placenta were not detached even earlier than this, it could scarcely retain its connection with the uterine surface, now that the superfices are so greatly reduced in size. In fact, we do find in a large majority of cases, the placenta pushed wholly or in part into the vagina by the same pain that forced the abdomen and breech of the child to take that situation; or if it be not thrust quite out of the womb, it lies loose and detached within the cavity, and ready to be expelled upon the slightest renewal of contraction," etc.

The fact is, if we will but study nature, as she manifests herself to us in her simplest laws, we shall not so often be at fault. She follows a straight, though it may be a narrow path, in accomplishing her ordinary ends; and the great trouble with man is, that his own fanciful imagination is forever leading him astray—even unto casting absolute libel on her whose laws are his hourly study. I regard it as a law of nature, that the same contractions which are expelling the child, are detaching the placenta —absolute detachment occurring at the moment when the child quits the uterine cavity; and all subsequent contractions, or those of the so-called third stage of labor, have for their object the *expulsion* of the mass. Any exception to the rule is at once an instance of abnormal adherence of more or less decided character. The other condition of things would have been absolutely an unwise provision, for it requires but a moment's reflection to show us, that after the uterus has firmly contracted on the placental mass, detachment must become, at least, exceedingly difficult. At this time, the uterine cavity is literally a *plenum*, and any amount of pressure or contraction exerted on the placental side of the organ, to effect detachment, must meet with a corresponding resistance from every other point of the uterus save the os, and this resistance at the same time exerted primarily on the placenta itself, the very mass to be detached.

If, then, it be true, that a child just expelled from the uterus (said uterus contracting normally on the placental mass, as can and should be promptly ascertained by palpation) must, in the very nature of things, be from that moment independent of the mother; if, in other words, the function of the placenta ceases immediately on the expulsion of the child, I contend that it is an error to teach the student to delay one moment the application of the ligature and the separation of the child from the secundines. As we have seen, in the vast majority of cases, he is not asked for delay; the child cries before he can possibly apply the ligature; but, where the child does not breathe promptly, or where it is really in danger from the causes before enumerated, the most precious moments may easily be lost while he is relying on that which has no foundation in philosophy or proper experience.

The child, expelled from the mother, can never more rely on her for the great life-giving element, oxygen; yet oxygen it must have, and that right speedily. Is it not strange, then, that those who teach us to delay the child at the breech, teach us, too, that a child in *danger* must be taken away *from* the breech?

SPECIAL SELECTIONS.

PATHOLOGICAL DEDUCTIONS RELATIVE TO TYPHOIDAL FEVERS.

By Henry F. Campbell, M. D., of Augusta, Ga.

[How true it is that the discoverers of great scientific principles have rarely been allowed the gratification of seeing them generally received and duly appreciated by their cotemporaries! The last of these mighty men, Marshall Hall, who has but recently passed from the stage of life, after pursuing his scientific researches for near half a century, still realized this painful truth, and confessed that he shared the fate of many illustrious predecessors. A young man has recently sprung up amongst us in the South, who has discovered and published certain great principles in medical science, which, I am persuaded, are destined to advance the profession at least one step forward in the investigation of the mysteries which have hitherto hung around the pathology of that great class of diseases known as *fevers.* That man is Henry F. Campbell, Professor of Anatomy in the Medical College of Georgia. For seven years past he has been developing, and announcing from time to time, new and important principles in the physiology and pathology of the nervous system. Yet they seem to have attracted but little attention, on account, it may be said, of the *obscurity of their source;* but when the same principles were announced from high places, and sanctioned by the distinguished names of Marshall Hall and Claude Bernard, the medical world gazed with astonishment at the admirable discovery. Our spirited young Southron has not submitted to the injustice of allowing his honors to be thus taken away from him, but has boldly claimed his right, and obtained from at least one of the great names we have mentioned, an acknowledgment of his merit. The late Dr. Marshall Hall, ever a spirited defender of his own discoveries, has magnanimously and gracefully awarded to Dr. Campbell the merit of the discovery he claims. In addition to this, the American Association has awarded to Dr. C., one of its first prizes for his admirable *Essay on the Excito-Secretory System of Nerves.*

The object of these prefatory remarks is to invite the special attention of our readers to a portion only of an essay of Dr. Campbell, entitled "*An Inquiry into the Nature of Typhoidal Fevers,*" published in the 6th Volume of "The Transactions of the American Medical Association. 1853." We think this paper furnishes the best and fullest exposition of all the phenomena of Typhus and Typhoid Fevers that has ever been given. It is entirely too long for our small journal, and we can therefore only make room for the author's *Pathological and Practical Deductions.* A careful perusal of these, will enable the reader to form a pretty correct idea of the preceding portions of the paper, which relate to the *History, Symtomatology* and *Morbid Anatomy* of these fevers, all of which he traces to aberrations of the sympathetic and organic system of nerves. —E. D. F.]

Having thus carefully recounted the more important features in the anatomy and physiology of the sympathetic system, it remains but to consider them in connection with the phenomena of typhoidal fevers. Such a review will be attended with the following results. In the first place, the essential symptoms of typhoid fever are located in organs deriving their innervation principally, and in many instances entirely, from the ganglionic system: In the organic or involuntary muscles—as for instance the *heart's*—of which, during life, we find the frequency increased, the force diminished, and the regularity impaired—all of which effects must be plainly attributable to the *altered innervation* of the organ. After death, we have seen it the subject of very material alteration; its substance is flabby, pale, and much softened, so that it breaks readily under the fingers. Instance again, the *muscular coat* of the intestine; we have *meteorism*—an almost invariable symptom in typhoid fever—and which we may legitimately refer to the loss of *tonicity* in the muscular coat of the intestinal canal, from impaired innervation of that coat, by which condition, together with the altered state of the secretory surfaces, the passive accumulation of gas in the intestines is allowed, and hence the tympanites.

That this altered condition in the innervation of the organic muscular fibre does exist, is shown most remarkably in the mode of dying in some cases, viz.: that mode termed *asthenia*, "occasioned by causes acting directly on the circulatory forces, affecting the *vis nervosa*, upon which the contractile property of the heart depends;"* and farther, that this depression in the involuntary muscles has no invariable correspondence in the state of the voluntary muscular system; as we shall find remarkably illustrated in the observations of Dr. Flint.† "In some of the cases attended with most danger, and some of them ending fatally, the *muscular strength was retained in a surprising degree.* In two fatal cases of the typhoid type, characterized by active persistent delirium, the muscular efforts were almost constant and quite strong up to a few hours before death. One of these cases terminated on the ninth day, and the other on the third day after coming under observation. The mode of dying in each was by *asthenia*, or, perhaps, more properly, *necrœmia; the system of involuntary muscles exhibiting reduction of force to a degree incompatible with life—the voluntary muscles remaining active.* This is a curious fact."

This relative condition of the voluntary and organic muscular systems, appears to impress even the observing and philosophic mind of Dr. Flint as almost inexplicable; and it is not surprising that it should, when we consider that his views of the pathology of typhoid fever have no fixed or definite reference to the organic system of nerves; but, on the admission of the ganglionic pathology of the disease, the full interpretation of these phenomena, besides many other similar facts (meteorism) before inexplicable, become easy and natural.

II. Besides the organic muscular system, which we have just shown to be under the influence of ganglionic nervous aberration, we find that the other characteristic phenomena of typhoid fever refer to the functions of nutrition and secretion, both of which important processes depend upon the vascular system, which, especially in the viscera, are admitted to be under the sole dominion of the sympathetic nerve. And, what is more remarkably illustrative of this fact, is, that there appears to be a very close relation between the amount of disease observed in any particular portion of the organism—the alimentary canal for instance—and the degree to which it is indebted to the ganglionic system for its innervation; thus we find but a small amount of disease, congestion, seldom any ulceration, in the *larynx;* ulceration is somewhat more common in the pharynx, œsophagus, and stomach, though still not abundant. It disappears in the *duodenum,* which receives but few sympathetic filaments, and again appears in the upper portion of the *ileum,* increasing, as we descend, *in direct proportion* to the amount of ganglionic fibres the part receives, till it reaches its maximum in the lower portion, where the nervous supply is very abundant; after which, we find ulceration *occasionally* in the cœcum, still less frequent in the colon, till in the *rectum,* whose innervation is principally from the cerebro-spinal system, it is never observed. So, likewise, with regard to the other organs; we find the *liver, lungs* and *spleen* are all subject to congestions, which can be referred to the same abnormal innervation of these viscera.

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*Flint, page 125.

†Reports on Continued Fever, page 59.

From the relative unfrequency of disease in certain portions of the abdominal viscera, and elsewhere, Louis, as we have seen, though admitting their diagnostic importance, is disposed to view them as results, secondary to the lesion in the ileum; we cannot, however, agree with him, but are compelled to regard them as the *common primary results* of a *common cause* which exists in the ganglionic system, and that the frequency or the gravity of disease in any one of these organs is determined alone by the amount to which the *ganglionic ingredient* mixes with, or enters into its innervation, and that disease in these localities has no etiological reference whatever to that in the ileum; but, when it exists, is as significant of the true pathology as is the ileitis—for it invariably indicates, both by its location and character, that its origin is *abnormal innervation.*

So far then as regards the *localities* in which the manifestations of typhoid fever occur, we have found an exact correspondence with the distribution of the sympathetic nerve, as likewise between the *amount* of disease and the proportion of this kind of innervation in any given parts. Now it will be our object to examine carefully, in order to ascertain if there is any analogy between the *character* of these typhoidal phenomena, and of those results which have been obtained by experiment upon this system of nerves, In this interesting department of physiological inquiry, there have been many engaged, but a few will answer very well the purposes of our comparison. As early as the year 1732, Pomfour du Petit found that the *division* of the trunk of the sympathetic, opposite the fourth or fifth cervical vertebra in dogs, was very rapidly followed by great disturbance in the circulation of the eyeball, producing inflammation, flattening of the cornea, retraction of the eyeball, with protrusion of a fold of the conjunctiva and a *flow of tears*, and ultimately ulceration and destruction of the organ. The experiments of Dupuy upon horses, wherein he *extirpated* the superior cervical ganglion, were followed by the same results with regard to the local effect in the eye, but also, with the more apposite and corroborative consequences, that there was *an eruption, over the whole cutaneous surface,* with emaciation and anœdematous state of the limbs. Dr. John Reid, has also experimented on the sympathetic nerve in the neck, and found the eye similarly affected with the above, the *conjunctiva becoming red* and *congested* in a few minutes, while in other experiments[‡] the eye presented an *ecchymosed* or *bloodshotten appearance.* Each one of these conditions of the eye must be borne in mind, in order to appreciate the comparison; inasmuch as, on account of the great difficulty of making such experiments on other portions of the sympathetic system, we can find none on record which will serve as reference; for it will readily appear that from the remote position of these nerves, it is impossible to make their section without so materially deranging other important parts of the organism as to render the results valueless in deduction.

Now, a reference to some of the pathological phenomena of typhoid fever will discover a close analogy, if not identity to the above results; in the first place, the conjunctival congestion; its character, the attendant suffusion, together with the entire freedom from pain, even on exposure to the strongest light; while, at the same time none of the symptoms of true inflammation are present; all indicate the seat of the nervous derangement upon which it depends, to be the ganglionic system[§] and not the cerebro-spinal, the analogus derangements of which are invariably of a sthenic character, and attended with acute pain in the region in which they occur. Again, an attentive consideration of the character of these congestions will show that it does not vary in any respect, except in degree, whether occurring in the mucous membrane of the eye, that of the stomach, pharynx, small intestine, large intestine, or bladder, in the typhoid type, or on the cutaneous surface in the typhus. In all the above localities, and under all circumstances, we find the capillary congestions wearing the same aspect, assuming invariably a *passive* character, often approaching the condition of true stasis, but never attended with the florid redness, the pain or the swelling of active inflammation. Lastly in the cutaneous petechial eruptions or maculæ of the typhous type of continued fever, we can also detect the same character of *passive congestion* from deficiency of nervous energy carried to a still greater degree; in this type, the nervous power of the cutaneous capillaries is so far diminished, that it amounts to a state of actual paralysis, allowing such distension of the capillaries that their rupture and a subcutaneous effusion is the result.

[‡] Arneman's Experiments on Nerves. Gottingen, 1787.

[§] Dr. A Billing remarks, in relation to this subject: "Without, therefore, at present seeking for farther proofs, I deduce from blushing, and from the effects of electricity, fire, and cantharides, that the capillaries are dependent upon the nervous system for that tone or energy which preserves them from over distension."—[The First Principles of Medicine, p. 44.

We have thus far endeavored to show that typhoid fevers result from alterations in the condition of the ganglionic nervous system; first, by comparing the typhoid phenomena with the normal action of the sympathetic system, and we have found that the analogy is complete, and that the typhoid phenomena are but the result of aberrations in the normal action of these nerves. Their action may be either exaggerated or diminished; for instance, a portion of this system controls the action of the heart, and in health endows this organ with a frequency of action amounting to 60 beats per minute in the adult; and without disturbing causes, this number will continue unvaryingly in its regularity till the close of life. But we know that this regularity is liable to many interruptions and disturbances; some of them but momentary, as from the emotions; others disturb it for many hours by increasing its frequency, as in paroxysmal fever; and lastly, in typhoid fever, we find this increase of frequency kept up for many weeks, but still retaining the remarkable feature of continuousness, which distinguishes the normal action of the sympathetic system from that of the cerebro-spinal system,which is intermittent in all its phenomena, whether normal or abnormal. Were we now requested to explain the difference which marks the increased frequency of pulse in these three instances; to answer why is it evanescent in one case; of but a few hours' duration in the second; and yet continue many weeks in the case of typhoid fever?—we think, we should do it thus: The heart being under the dominion of the ganglionic system, performs its normal action through its influence; but from the intimate connection between the sympathetic and cerebro-spinal systems, especially in this organ, it is very liable to be affected by emotional causes acting in the brain; these, of course, will be evanescent; or it may be affected by causes acting in the spinal marrow, which may be more durable, as would be the case in a paroxysm of intermittent fever;[¶] but it will be observed that, in these cases, the organic system is only secondarily implicated, and so soon as the mental emotion subsides, or the spinal irritation is removed or has exhausted itself in a paroxysm, the excitor being withdrawn, the sympathetic becomes again normal, and the action of the heart consequently natural. But in continued fever, the case is quite different; the irritation is now located in the ganglionic centre itself, which supplies the heart, and consequently the increased frequency continues as long as the irritation remains, whiich is coeval with the duration of the disease. There is one feature of continued fever, to which, heretofore, we have seen no satisfactory explanation that we think can be accounted for rationally according to the pathology here suggested; we refer to the paroxysms and exacerbations which frequently complicate the course of continued fever. We would attribute these paroxysms to the extension of the irritation from the ganglionic to the cerebro-spinal centres, and we conceive that it is only under such circumstances that we find these intercurrent paroxysms masking the course of the typhoid affection. By this means there is effected a true *blending of types* from a blending of proximate causes, and the two sets of phenomena exist in combination; a continued fever characterized by paroxysms of exacerbation. In the same manner, on the other hand, can we conceive of paroxysmal fever becoming continued under favorable circumstances, by the transmission of irritation from the cerebro-spinal to the ganglionic system.

[¶] We have adopted the pathology of intermittent fever advocated by Maillot, viz: that it consists in cerebro-spinal intermittent irritations. Prof. J. F. Lobstein remarks: "The paroxysms of intermittent fever are tied down to a regular rhythmus, in consequence of being radicated in the nervous system, upon which nature has impressed a law according to which they must perform their functions periodically."—[Sympathetic Nerve, p. 121.

As the abnormal innervation in the sympathetic system can produce a continued accelerated action in the heart, in typhus and typhoid fever, so, likewise, can the diarrhea of the typhoid type be shown to be a result probably of a similar condition. The normal action of the ganglionic system endows the intestinal canal and other viscera with the function of healthy secretion; but during the existence of the typhoid state this proper action is destroyed; in place of the organs being the seat of a normal and proper circulation, which is necessary for the due exercise of their function—secretion, the vessels become the seat of obstructions and congestions, the secretions become more abundant, but abnormal and vitiated; we have then *diarrhea.* As these congestions become more marked, we find the paralyzed and over distended vessels giving way, allowing submembranous effusions of blood, and occasionally considerable hemorrhages—all being the result of the altered condition of the innervation of these organs. Thus, what in its beginning was a purely dynamical affection, soon becomes organic; for without the proper supply of ganglionic nervous influence, we have seen, from the above-mentioned experiments, that the circulation ceases, the capillaries become turgescent, especially in highly vascular secretory organs (as the mucous surfaces, or the glandular plates of Peyer, for instance), effusion of lymph takes place, and, as above stated, finally, the capillaries are ruptured, and the tissues in certain places rapidly disintegrate by the process of ulceration—which is the actual condition of things in the intestinal disease of typhoid fever.

From what has already been said in relation to the distinctive features of the two types of continued fever—typhoid and typhus, their interpretation, according to the pathology herein argued, will have been, doubtless ere this, naturally suggested. We have seen that typhoid fever is marked by an accelerated pulse, more or less nervous derangement, an altered condition of the blood, frequently a mild cutaneous eruption, diarrhea, and meteorism. On *post-mortem* examination, we find lesions; viz: congestions and ulcerations of a peculiar character, that is, stimulating those produced by experimental sections of the nerves in all those parts supplied by the *visceral* portions of the ganglionic system of nerves. On the other hand, we have seen the typhus fever is characterized by a somewhat more accelerated pulse, much more marked nervous derangement, the same altered condition of the blood, well marked and *always serious* alterations in the capillary circulation of the *skin*, amounting often to actual ecchymosis, while the *post-mortem* examination shows almost entire *exemption* from lesion in the abdominal viscera. Thus, we find that while both diseases have all their general symptoms so exactly similar that we are forced to acknowledge their identity, and see in them what is essentially but one disease, yet typhoid fever has its principal and most prominent manifestations in the abdominal viscera—internally; and typhus fever manifests itself in aberrations of the circulation, very analagous to those of typhoid, but occurring in the capillaries of the *cutaneous* surface.

Now, the ganglionic pathology is the only theory by which such marked incongruities in the two forms of what, to the observations and scrutiny of every one, must ever appear as one disease, can be perfectly and satisfactorily reconciled. We cannot deny that the two are but types of the same disease; yet how incongruous and strange it is that, in certain cases (*typhoid*), diarrhea and intestinal lesion should appear the main—the most important features; while in the other cases (*typhus*), undeniably of the *same disease*, even more grave and threatening, there should be not a trace of diarrhea, and on *post-mortem* examination, no intestinal lesion whatever, but, instead, serious disease and congestion of the *skin*, with subcutaneous sanguineous effusions, similar to the submembranous sanguineous effusions of the typhoid type. Indeed, from the very smallest degree of attention must result the conclusion that, in the two cases, *the disease is one and the same*, but seated in different portions of the organism; and this conclusion will accord exactly with what we have considered the distinctive pathology of the two forms, viz: that in each type the disease is located in a different portion of the ganglionic system. There are certain parts of the system which are affected in both forms of the disease—as the ganglia supplying the heart; but after this, the two types have entirely distinct and separate sets of ganglia, the morbid action in which gives rise to their respective manifestations. In *typhoid fever*, the *internal* or *visceral* isolated ganglia, such as the semilunar, etc., are the seat of the morbid action; and these supplying mainly, we may say entirely, the abdominal viscera, and having but little connection with the other or external portions of the organism, these viscera become the seat of nearly all the morbid phenomena; while that little implication of the cutaneous surface and general nervous system, which we often observe, is entirely due to the remote and very obscure connection which their isolated ganglia may have with the nerves supplying these parts.

Now, in the *typhus* type, the same disease, or morbific agent (its exact nature we do not pretend to define), affects an entirely different set of nervous centres—a set of ganglia which, by their anatomical position, their intimate and universal relations with the anterior and posterior roots of the spinal nerves, are plainly destined to preside over the capillary circulation of parts more superficial—the cutaneous surface. We have reference to the *vertebral* sympathetic ganglia; and, in attributing the location of *typhus* fever to these ganglia, we have a ready and satisfactory interpretation of all its distinctive characteristics. The skin becomes congested and ecchymosed (petechial), because its circulation is dependent upon and controlled by the innervation derived from these vertebral ganglia; which ganglia being the seat of abnormal action (perhaps paralysis), innervation is deficient, the cutaneous circulation is retarded; in certain places there is obstruction, with actual rupture and effusion, giving rise to petechiæ. The general (cerebro-spinal) system is more seriously involved in typhus than in typhoid fever, because the connection is more direct between the vertebral ganglia—which are the seat of typhus—and the cerebro-spinal system.

In a word, then, we would locate *typhoid fever* in the *visceral* portion of the gangiionic system, and typhus in the vertebral portion.

We are fully aware that our views of the pathology of typhoidal fevers would be greatly corroborated, could there be discovered any appreciable *lesion* in the ganglionic nervous centres, in subjects who have died during their progress; but, like the pathological anatomy of all the nervous system, this would be an investigation attended with many difficulties; for histological changes in the nervous centres are of such character that though they may be competent to subvert the intellect, entirely paralyze or destroy the functions of a large portion of the organism, and ultimately, upon the most positive rational evidence, *seem* to be the cause of death, yet on examination the alterations observable in those centres are of the most insignificant and irrelevant character, pertaining only to the involucre, while the centres themselves, which, from the previous symptoms, had been plainly the true seat of the disease, have been apparently normal and intact. These changes, then, are probably molecular and inappreciable with our present means of investigation, and will require years, and far more perfect appliances, to incorporate them among the positive and demonstrable things of our science. Still, there are occasionally isolated facts, even in the *pathology* of the ganglionic nervous centres, which we may refer to in corroboration of our opinion that these centres are affected in typhoidal fevers, and that such affection gives rise to its characteristic symptoms, or to phenomena quite analogous in their nature. The case reported by Professor Lobstein is of this nature. It was that of a young girl who had suffered from paralysis of the lower extremities for some time, but for three months previous to her death labored under the most incurable *diarrhea* with tormina, etc. On making a *post-mortem* examination, there was found a large abscess on the left side, extending from the sixth to the tenth dorsal vertebra. On opening this abscess, it was found that the *trunk* of the left *sympathetic nerve* was entirely *destroyed* from the sixth to the twelfth vertebra, *and in the lumbar* portion the *same nerve was in a state of inflammation.*[*]

There are also two cases reported as occurring in the practice of Dr Aronsshon, of the Strasburg Hospital: The first, that of a man forty-seven years old, affected with *diarrhea.* He died of a tumor in the abdomen, and it was found that "the *semilunar ganglia* were affected with

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[*] Structure, Functions, and Diseases of the Sympathetic Nerve, p. 147.

distinct inflammation." The second case was a woman aged about thirty years, who, in her second pregnancy, was subjected to vomiting throughout the whole of her gestation. She was also affected with a *furfuraceous eruption* upon the breast and arms, with *swelling* of the *limbs*, and with *diarrhea.* On a *post-mortem* examination, the villous coat of the stomach was found inflamed and thicker than usual, especially towards the pylorus, "and the semilunar ganglia were found in a *state of genuine inflammation.*"

"In the body of a boy ten years of age," says Lobstein, "who had died from the retrocession of a *miliary eruption*, attended with symptoms of great anxiety, oppression of the chest, and distension of the epigastrium, I found a place in the left trunk of the *intercostal* (which is the old name for the sympathetic) *nerve, highly inflamed* between the eighth and tenth ribs, *with a phlogosis of the ninth and tenth thoracic ganglia*, and their two anastomotic branches with the costal nerves."

The following observations are quite pertinent to the state of congestion in which the lungs are almost invariably found, to a more or less degree, in typhoid and typhus fever. "On examining into the condition of the nerves in diseases of the lungs, I discovered another alteration which is peculiar to these organs; to-wit, in that species of *peripneumony*, in which the lungs became red and *slightly indurated*,† and which, I think, should be called spleenification; the *nervous filaments* attending the ramifications of the bronchia *were* found equally *red*, a little tumid, but much more tender than usual; so as to be *broken by the slightest degree of force.*"‡ And, lastly, the same author§ quotes a case still more in point, from the writings of Professor Autenrieth, of Tubingen, wherein it is asserted, though he does not appear to connect the circumstance with the pathology of the disease at all, that he has *seen* the *abdominal nerves of the ganglionic system somewhat changed in subjects who have died of typhoid fever.*

The above cases, though not conclusive, are at least strongly corroborative of our view of the pathology of typhoid fever; for while we must admit that the diarrhea, the eruption, the pulmonary congestion, œdema, etc., might have been produced by other causes than disease of the ganglia found inflamed or divided, still, when these coincidental circumstances are viewed in connection with the known result of artificial section of accessible portions of the sympathetic nerve, as those about the neck and eye,¶

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†Exactly what is described by Dr. Flint as the pseudo-pneumotis of continued fever.

‡Lobstein, page 139.

§Op. cit., page 137.

¶See experiments of Panfour du Petit, Dupuy, John Reid, and others, already referred to.

and also in view of the entire dearth of experiments and facts bearing upon this portion of the ganglionic system, we must regard them as significant and valuable, even though they afford what we may term only a legitimate suspicion of the correctness of our pathological views.

We have now completed our investigations in relation to this intricate, but, at the same time, most interesting topic of pathological inquiry; we have reviewed its history, and collected from every source within our reach as complete a delineation of its prominent and characteristic phenomena as has been necessary for their full development. In so doing, we have been struck with the vast number of reliable and significant facts our science is in possession of, in regard to this disease. No disease in the catalogue is more invariable in its characteristic manifestations; no disease has been more diligently studied, or has enlisted in its investigation such faithful observers. Our knowledge in regard to its observed *phenomena* and *facts* is clear, well defined, almost certain; to complete the science in regard to it, it has but remained that these cognate, well ascertained facts and phenomena be rationally and correctly *interpreted*, that its true pathology might be *deduced*. To this arduous, though not unpleasing task, not without many misgivings, we have earnestly and diligently devoted ourselves, more with the hope that our labors would prove suggestive to others of the true mode of arriving at the real pathology, than that we should be able to supply the want or remedy the deficiency.

Starting with what we considered the rational assumption that the pathology of typhoidal fevers is in the ganglionic system of nerves, we have compared their characteristic traits and phenomena with, first, the *normal* action of this portion of the nervous system, then with the known and well established results of *experimental irritation and section* of various portions of these nerves, and we have found that the analogy is sufficiently close to admit the legitimate inference that the symptoms and pathological lesions of typhoid and typhus fever are produced by a normal action in certain portions of this system of nerves. First, because no typhoid or typhus phenomenon ever occurs, except in regions supplied by this system; secondly, because the peculiar phenomena of these diseases occur in a more marked degree, in those parts most abundantly supplied from this source; and thirdly, because the nature of these symptoms are always found more purely and characteristically typhoid in those portions of the organism supplied exclusively by this kind of innervation. And farther, on the other hand, we are forced to admit the truth of these impressions, because we have hitherto had no theory or legitimate and consonant combination of theories, to our own mind, as competent to the full and rational explanation of *all* the phenomena of the disease as the one now offered.

Practical Deductions.—Pathology is only valuable when it has a tendency to the prevention, amelioration, or cure of disease, and the results of our most successful labors in this department are but nugatory unless in them can be found a clue to a more rational and perfect management of the affections to which they refer.

If the views embodied in the foregoing treatise are correct, the following practical inferences must present themselves as legitimate, if not inevitable; First, that in the management of this class of fevers the strictest attention should be paid to the improvement of the tone of the nervous system; all depressing measures, or such as are calculated to exhaust the nervous energies, as depletion by purgation or otherwise, should be scrupulously avoided; and secondly, that in their place means of an opposite character should be invoked. Indeed, that treatment now most in favor, though but empirically|| applied, will be found on the admission of the above pathology the most rational, and to offer the best hope of success. We have reference to that treatment which is addressed almost exclusively to the nervous system, and has for its object the sustentation and elevation of its energies. Some of the means employed have been attended in their application with the most marked beneficial results. Among these, we would mention the plan of Dr. Percival, wherein the disease was treated by frequent profuse cold affusions, especially in the case of children; which treatment we should rationally expect, from the known effect of cold water thus applied, to improve the condition of the depressed nervous centres. The administration of stimulants, as camphor, quinia, brandy, opium, turpentine, and the ethers, have all been favorably known to the profession as remarkably efficient in these fevers.

In relation to the beneficial results recently obtained from large doses of quinia, by Dr. Dundas and others, we can readily appreciate what vast benefit may accrue from them, especially in cases where the cerebro-spinal system of nerves is extensively implicated, and where the disease is marked by regular obstinate paroxysms, for quinia, though it possesses, in our opinion, but little influence over the ganglionic system itself, still, would relieve the periodic exacerbations by its effects upon this system, through the cerebro-spinal nerves (which in these cases we regard as the instigator

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||Of course, this term is not applied in its offensive sense.

of the paroxysm), upon which most of its power is expended. That the doses required should be large, we can easily understand, as any effect produced upon the ganglionic system, through the cerebro-spinal, is only accomplished by powerful and long-continued impressions, on account of the comparative isolation of the two systems from each other.

To those who are in the proper field for such experiments, and possessed of the proper facilities, we would recommend the trial, in typhoid and typhus fevers, of such agents as are known to possess a direct power to stimulate the nervous system, even when in a state of partial paralysis—such an agent is *strychnia.* This we would suggest as applicable in minute but efficient doses, with the view of waking up and restoring the diminished energy of innervation, upon which the impaired function depends, in the same manner that we would advise it in other similar cases where the cerebro-spinal system was implicated.

The above is all we offer in regard to treatment; there are many measures of a like nature, which, were we writing a complete treatise on the *management* of these diseases, would require a full and extended consideration, as also the measures and applications which the emergency of each case will naturally suggest and demand.

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EDITORIAL AND MISCELLANEOUS.

PUBLICUM BONUM PRIVATO EST PRÆFERENDUM.

If we have anything approaching a proper conception of the object of punishment it is merged in the one idea, that it is the great lever which man in the aggregate uses to protect himself against the assaults (whether moral or physical) of man the individual: in other words, man has ever known his own aggressive nature, and, in order to protect himself from himself, he has, in his capacity of "society," found it absolutely necessary to make laws for his government, and in the violation of these laws he incurs that which we denominate punishment—this varying in its intensity, according to the degree of the offense committed. Society is so constituted, however, that for the proper maintenance of the nearest approach to a true moral equilibrium it has been found necessary to govern man by two separate and distinct codes of laws—the one emanating from the State and taking supervision of his conduct, to a certain extent, towards his fellow men; the other regulating his conduct towards his fellow men and towards himself. The one set of laws seem to have for their especial object the restraining of the individual from inflicting a wrong on his fellow man, or on the State, without taking cognizance of his moral status; the other set of laws take cognizance of his moral status alone, and, in doing this, restrain him from injuring himself, and, indirectly, those more or less dependent on him. Thus, a man may conform to all the laws of the State, and yet, by totally ignoring the conventional customs of society, be anything but a moral man or good citizen; while he who rigidly observes the conventional laws of society is not only a moral man and good citizen, but in observing them, at once secures himself from incurring the penalties of the laws of the State. There can be no parallel drawn, then, between the two classes of laws; the conventional recommend themselves to us as primary in every sense of the word; all other laws may be said to have their origin in them; they are the soil in which the tree of morality grows; strip society of them, and all will be a moral chaos: then men may not steal, because of the fear of the Penitentiary, but they will lie without stint; we may not commit murder, for fear of the gallows, but we will indulge in any and all the basest of immoralities outside the pale of the laws of the State.

At the same time that we find society, in the aggregate, thus ruling itself, we must not forget that man is restrained in still another direction, to a limited extent, and yet for important ends. Society, in its totality is one thing, and it may be called the supreme head of moral government; but society is again individualized to a certain extent; indeed, the different vocations which men pursue may be said to cut the great kingdom up into many little principalities, each one of which yields ultimate obedience and pays tribute to the great head, but at the same time assumes control of its own domestic affairs. Thus, wherever we find an aggregation of men pursuing any given vocation, we are apt to find them associating themselves together for the purpose of better subserving their common interests in every way. In this way it is that merchants, and lawyers, and printers, and butchers, and bakers, etc., etc., etc., form themselves into societies, or clubs, or whatever we may please to call them, and by mutual consent and agreement regulate their intercourse with society at large in such a manner as shall serve for their own protection, and, at the same time, not act detrimentally to the common weal. In all these little subdivisions of society we find arising an *esprit du corps*, which, having its radicles firmly imbedded in the moral conventionalities of society at large, whenever faithfully cultivated, meets with the respect and admiration of men. We do not here stop to discuss the evils which sometimes arise from bad legislation on the part of any of these little societies of men, as is evinced sometimes in enactments which savor of a desire to serve self without regard to the great body of which they are but a minute portion, but we refer distinctly to those palpable good effects every day noticed, where men pursuing a common vocation associate themselves for the purpose of cultivating together the field in which they labor, thereby rendering it far more certain that they will keep down the weeds and improve the quality of the grain they would harvest.

In this subdivision of the great realm of society we find a State composed of medical men, and although it is certainly to be deplored that all are not good and loyal subjects, still nearly all the more liberal and enlightened of the profession are found ready to acquiesce in our general plan of government. No man, in or out of the profession, can find aught to object to in the Code of Ethics of the American Medical Association: on the contrary, the obligations there imposed on our brethren are the most wholesome imaginable, and their rigid observance must always redound to the advantage of the physician and to the community in which he practices. There is nothing selfish, nothing savoring of a desire to seek our own aggrandizement at the expense of our patrons; while there is everything that is generous and ennobling. At the same time, we must not lose sight of the fact that this very Code is composed of a set of conventional rules, having no connection with the laws of the State, and yet, as we have shown, being of primary importance when compared with these laws.

Now, by the law of the land the traitor is punished with death. Indeed, throughout the civilized world death is the punishment for him who violates his allegiance and betrays his country. On the other hand, under the conventional rules which govern true medical men, a resort to what is termed quackery—as the vending of secret nostrums, etc., etc.—is considered the very highest offense of which one of our profession can be guilty; it is, in every sense of the word, our *Treason;* on the offender we inflict the very highest moral punishment, that of expulsion from our ranks, and we hold no further intercourse with him. We consider him as having degraded, not only himself, but the noblest calling on earth; we feel that to hold converse with him is to approve his act, and we, from the very purest considerations which can emanate from men, inflict on him the punishment he has merited.

Again, when a man is found guilty of murder, in the eye of the law of the State, he is hung. This is the rule. But sometimes what is called executive clemency intervenes, and the murderer is snatched from the gallows. Does society ever take such a man back to its bosom and hold free intercourse with him? No, from executive clemency and the gallows he falls back against the door of society in vain; it is forever shut on him. Indeed, society even goes farther in the faithful administration of its punishments for gross violation of its important conventional rules (for the same acts for which the State inflicts punishment are punished under the conventional rules which govern all good men), as when we see the murderer found guilty of only manslaughter by a corrupt jury; and, notwithstanding a man may escape the gallows or the penitentiary through bribery and corruption, he will at last find himself withering under the force of public opinion.

Now, for what is the murderer punished? Is it to gratify the public thirst for blood? Or is it not rather to benefit man in the aggregate by thus deterring others from being guilty of the very same act. The law is made, then, for the benefit of the many, and in order to protect these it is absolutely necessary to shut the murderer away from the influence of sympathy. To pardon him through sympathy is the grossest injustice to his innocent fellow men, because to pardon is to encourage others to commit a similar deed, and he is surely none the less a murderer for having been pardoned.

These thoughts are suggested by our being forced to observe efforts being made in certain quarters to excite a feeling of sympathy in favor of an individual (James McClintock) who has made himself notorious amongst medical men in this country as, first, a vile apostate from our ranks, and an open vendor of secret nostrums; and second, after pecuniary failure in his nefarious traffic, as a supplicant for mercy at the hands of those he did not hesitate to degrade through the worst of motives. In other words, an individual in our ranks has been guilty of treason under our conventional rules; he has been tried before our highest tribunal, has been found guilty, and has been visited with the punishment we are bound to inflict on all such offenders. Do we find any authority in our Code to pardon him? Does justice to ourselves or the noble profession we are sworn to exalt, rather than debase, tell us to pardon him? Shall a misapplied sympathy blind us into granting a pardon? No,—*publicum bonum privato est præferendum!*

Annual Report of the Board of Health to the Legislature of the State of Louisiana, January, 1858.—To the Secretary of the Board of Health, Dr. H. D. Baldwin, we are indebted for a copy of this interesting and valuable Report. It is in pamphlet form, and occupies ninety-six pages. Seventy-eight pages are devoted to the report of the President of the Board of Health, Dr. A. F. Axson; fourteen to the publication of correspondence, under the general head "Appendix;" three to a "Statement of Receipts and Expenditures of Board of Health for the year 1857," and the remainder of the pamphlet to tabular statements of the mortality for the past year, together with apparently complete meteorological reports.

The Report of the President is a well written and very excellent document, and nothing but its prolixity prevents us from giving it to our readers entire, under the head of "Special Selections." It begins by calling attention to the fact that, since the adjournment of our Legislature, Congress appropriated fifty thousand dollars for the construction of "suitable warehouses, with wharves and inclosures," at the Quarantine ground; but as yet no step seems to have been taken in the way of making these improvements, and the consequence is that the "thorough fumigation of vessels and cargoes" has been impossible, and the absence of these improvements "has been felt during the past two years as a serious impediment to the proper and vigorous execution of the quarantine regulations."

The next subject considered is the Philadelphia Quarantine Convention of May last, to which our Board of Health sent three delegates. The President cannot "affirm in an unqualified manner" that the Convention has met the expectation of those who convened it, but he thinks "that its labors have been neither altogether barren nor uninstructive." This is perhaps about all that can be said for the Quarantine Convention. It was not "altogether barren," because it has produced fruit, diminutive, insipid and unwholesome though it is; and it cannot be "uninstructive," on the principle that a man cannot open either a primer or a dictionary without finding something instructive. We have no faith in any thing approaching unanimity of thought and action on the part of the North and South in relation to Quarantine regulations; nor is it altogether reasonable to suppose that there should be. With an extent of sea coast, one end of which may be said to be roasting and the other freezing, there must, under the influence of climate, inevitably arise before the eyes of the masses phenomena of such adverse nature that totally opposite conclusions will be "jumped at," and then they will be clung to with all the tenacity which belongs to prejudice. To our mind it seems clear that the South must enforce quarantine on her own data, knowing that the North will surely do the same.

A proper system of registration of births, deaths and marriages is next most strenuously and ably urged, and we do trust that our Legislators may be prevailed on to reflect a little on this subject.

A resume of the mortality of the city for the past year is next given and then two subjects of the highest importance are taken up and so well handled that we cannot refrain from giving place to the freest quotations. On the subjects of still-born children and deaths from Trismus Nascentium, the President says:

"Without being able to give the annual number of births that take place, in consequence of the want of a proper system of Registration, and therefore the per centage of still-born to those who live; yet the astounding proportion of still-born children for the year 1857 cannot fail to arrest the notice of persons accustomed to examine the vital statistics of communities. Were not the fact and its causes well known to the medical practitioners of the city, this waste of human life would be a grave impeachment of their skill, knowledge, and efficiency in one of the most trying and momentous crises of female life. Fortunately, however, for the high character of the profession, it is found that the mortality, when traced to its source, occurs in the large ratio of eight out of every ten among the midwives of our city. Indicating as this does, a fastidious and reprehensible social prejudice, which patronizes and sustains a michievous and ignorant body of women, whose fitness for such responsible offices is unfortunately too often measured by their hardihood and effrontery; the existence of the evil is referrable to the unwarranted and unwise removal, by a former Legislature, of the safeguards thrown around the public by the license exacted by the law for the privilege of practising this branch of the medical art. In the desire to realize an airy nothing and an abstraction, in the destruction of what was called, in a vein of grinning mockery, a monopoly, your predecessors, in the solemn responsibilty of guardians of the public weal, confounded protection with monopoly; protection against temerity and ignorance, by throwing down all the legal barriers a wise and conservative spirit had erected; by discrediting education, industry and science in their wholesale reduction to the vulgar level of the shallow and the uneducated, and by discountenancing the just distinction between the properly qualified and the unqualified, thereby leading to the confusion in the popular judgment, that in the eye of the law and the law-maker, the one was as respectable as the other, as safe, reliable, and as useful.

Whatever may have been the motives that led to so disastrous a measure, it would be an impeachment of the common sense and patriotism of your honorable body to suppose, for one moment, that it signified the want of a proper appreciation of the advantages of having in your midst, around you and accessible at all times to your homes a corps of skillful and educated medical men. The liberal endowments of your medical colleges already exceeding fifty thousand dollars; the lavish appropriation of the varied and infinite resources of your Charity Hospital for the uses of medical instruction and illustration, forbid the idea of indifference, and forcibly demonstrate the high regard you attach to a competent and scientific medical profession as a benificent and integral part of modern civilization. And yet, with strange inconsistency, you have reduced to a common level in the estimation of the law, charlatanry and science, knowledge and ignorance, and have encouraged the presumptuous and the reckless to enter your firesides and to tamper with life at its most tender and important crisis. It is not to be understood that we are pleading for the privileges of man-midwifery in contradistinction to that of their own sex. We would willingly foster the sentiment of delicacy that prompts the parturient woman to seek the aid and sympathy of one of her own sex, in so far as it discriminates between the qualified and the unqualified. Let it exact knowledge, skill and trained experience, and we are prepared to admit that perhaps it is a wise adjustment of the needs of modern refinement in taste to require midwives in the hour of travail. But when this sentiment of delicacy demands to be indulged to the detriment of the life of the child and the health of the mother, it becomes a grave question, full of solemn responsibilities for those who make the laws that regulate public opinion, whether these risks are worth hazarding for such a consideration. How far the law should interpose its authority is admitted to be a matter of delicacy in these days, where the whole tendency and scope of recent reformation is rather to loosen altogether its restraints over personal conduct. But that it would find its appropriate province in defining and fixing a certain standard of qualification, and requiring all who elect to follow medicine in general or any of its branches, as a practical art, to stand up to this standard by a public examination, will hardly be denied by any who do not count to profit by the present confused state of things. In whatever rank or sex it finds the requisite amount of knowledge and fitness, there should at once be accorded all the immunities of the profession. Its honors and rewards should be secured beyond peradventure for skill, industry and knowledge, wherever they belong. Were this the proper occasion, it might be shown that what is demanded for the security of the life of the newly born child and its mother, is the true policy of the State with reference to the body of the profession at large. It is certainly forcing itself more palpably on the public eye in every succeeding year, that the facilities in obtaining the honors of the doctorate in medicine have become so easy and common-place that the high calling of the Physician has sunk in the respect and confidence of mankind. Not only is it true that

> "The Healing Art now sickening hangs its head,
> And once a Science, has become a trade,"

but even as a trade, it is progressively becoming vulgarized by the promiscuous thronging of its ranks with the shallow, the ignorant and the half-educated.

Such must certainly be the result, as long as the causes which are in operation, continue to act without curb or restraint. And it should be remembered, in connection with this decadence in the public confidence, that while this change has been growing more perceptible, medicine, both as a science and an art, has been enlarging and deepening its foundations by successive acquisitions from co-ordinate departments of knowledge. It proudly challenges for itself the homage of the learned in the results it has achieved in the knowledge of the human body and its normal and abnormal actions; results quite as symmetrical in their proportions and as accordant with the grand design of creative wisdom as many of the more exact sciences; while its contributions to the expanding happiness and civilization of our race are scattered through every generation in the decrease of human suffering, disease and death, and the lengthening out of human life. Working out these results, not by any mysterious intuition into the secrets of our being, but by the laborious toil of the great intellects which adorn its history, it must be apparent that to comprehend aright its modern tendencies or to safely employ its resources to the advantage of society, a higher and more thorough training is required at the hands of its votaries. The State is enjoined by the most solemn obligations, which it was suicidal to have thrown aside in the manner and time it did, to take care that those designed for the medical profession should be more perfectly prepared by a preliminary education, moral, scholastic and scientific. The evil is one which can never, from the nature of things, be self-corrective, for it appeals too powerfully to the infirmities of our nature to warrant a hope that, without the interposition of authority, it will ever be redressed. If this authority be not invoked and the public mind be made to feel the necessity of a higher standard of education, as among the first wants of a physician, it will not be long before a noble profession, boasting a long line of illustrious names, the ornaments of their age and the benefactors of their race, is reduced so low that none will do it reverence.

Closely connected with this topic, and, in fact, growing out of it, is the mortality arising from Trismus Nascentium, or infantile Lockjaw, which annually is almost as large as that of the still-born, and which ordinarily destroys life before the tenth day. Our records show a mortality caused by it for the last eight months of 1855 of 143 children; of 346 in 1856, and 199 in 1857. It is to be remarked here that on an average of years, more than four-fifths of this mortality occur among the subjects of midwives. If we now add the mortality occasioned by it in the proportion of three-fifths as probably representing the deaths caused by ignorance and mismanagement, to the black catalogue of the still-born, it will be found that the enormous proportion of one in four of all the children dying under five years, die of Lockjaw or are still-born. The naked statement of such a result, indicating the frightful havoc in human life at this tender age, is an emphatic condemnation of the social usages or prejudices that tolerate such an unnatural state of things. What must be the vital resources of a people who can sustain such wasteful drains and prosper? Let the answer be given by those who have the authority and are under a solemn covenant to the public to protect and sustain it."

Next comes some remarks in relation to the enormous rate of mortality from Consumption, the proportion being "one in nine of the whole mortality." We are then told that the total of deaths from Scarlet Fever during the past year was eighty.six, being an increase over the previous year of sixty. The President acknowledges the difficulty of arriving at any thing like a just conclusion as to the extent of prevalence or proportional mortality from this disease, but confidently believes (on what data it is not shown) that, under our climatic influences, there would not appear a greater proportional mortality than one in twenty.

On the subject of Yellow Fever, we are told that the mortality for the past year is 199, against 74 in 1856, and 2670 in 1855. Then follows the remark—"How this fever originated, whether from the operation of causes natural to our locality or by its introduction from abroad, it is difficult positively to state."

The President does not commit himself at all in the way of opinion on this interesting subject, and very properly, as it would appear, from the little history of the origin of the disease given, that there is not half a ground for an opinion in favor of either hypothesis. However, there appears a leaning to the idea that the disease was imported, while comparing the value of the testimony in the cases of Miller and Savali, the first cases that occurred in Girod street. Mrs. Rose says that Savali and his comrades had been in Havana only eleven days before his death, and she appears to be regarded as a more credible witness than either her husband or Larose. As Miller, who lived next door, was taken sick and died before Savali, however, we must first account for his case. The only question of interest about Savali and his comrades—seeing that we had a quarantine in existence—is, as the old lady said about the dumpling: "Prithee, Biddy, how got the apples in?" and they only eleven days from Havana.

Next follows an account of the terrible fate of the officers and crew of the French steamship-of-war, the *Tonnere*, which put into our quarantine station with Yellow Fever on board, on the 2d of August last. We are told that during her stay at Quarantine she had forty of her crew and officers attacked by the disease, and of these *twenty-one died!* Such was the degree of mortality on board, here and at Havana, that only two of her original crew, placed on board at Martinique, remained alive. In connection with this subject, the President remarks that the only two susceptible persons among the employees at the Quarantine, took the disease from the *Tonnere*, and hence the conclusion that if the vessel had come to our wharf, instead of stopping where she did, "the introduction of the fever, in that malignant form would have been accompanied with the most disastrous consequences."

The next subject considered is the matter of draining the swamp lands in the rear of our city. The incalculable importance of such a step, on the part of the State, is urged with commendable zeal and energy. We think with the President, that the "hygienic and salutary consequences of effective draining need not be enumerated. They are thrice-told tales, of which the dull ear wearies." We only hope, when the State does get to draining our swamp, she will see to it that the engineers employed to erect machines will not commit the error which has heretofore been so disastrous to our city, viz.: the establishing of political draining machines, the revolutions of the great wheels of which act only on the Treasury.

Lastly, not an unimportant item in the report, is, that the Quarantine is self-supporting; hence no appropriation is asked.

In a future number we will give a summary of the mortality of our city for the past year. The tables furnished by the efficient Secretary of the Board, Dr. H. D. Baldwin, are the best our city has ever known, though it must be confessed that they are yet far from being complete. This, however, is not the fault of the Secretary, but of our city and State governments. No man, professional or non-professional, will trouble himself about any of the data pertaining to births, deaths, marriages, etc., unless he is forced to do it by law. To show how loose a state of affairs exists, we know of a physician being called to see a case of Trismus Nascentium the other day; the child died a few hours after his visit; he received no notice to furnish a certificate of death, and afterwards learned that the *midwife* had rendered this important service. Who knows that every case signed by the midwife "Lockjaw," or "Stillborn," is faithfully reported?

We earnestly hope our Legislators may read the Report; but we fear it will be neglected by them on account of its prolixity. If it had been compressed into a smaller compass; if all abstract questions had been left undiscussed, the means would have been better adapted to the desired end. It would then have been more utilitarian, and would have better suited the genius of the age.

AMERICAN MEDICAL ASSOCIATION.—We beg to call attention to the following card of one of the Secretaries of the American Medical Association. It will be seen that the next meeting is to be held in the City of Washington, on Tuesday, May 4th, 1858. It is to be hoped that the South will be more fully represented than heretofore. No doubt matters of vital interest to the whole profession will be brought up for consideration, and it is certainly most desirable that we should have a fair expression of the opinions held by the masses. The signs of the times show clearly that the schools are at loggerheads, and although we still have hopes that a convention of the same may be held at an early day, and an uniform and satisfactory basis of action in the matter of medical teaching be adopted, still we see no ground for the laity postponing proper action in the premises. Medicine is to be exalted, or it will sink even lower, and the work cannot be undertaken too soon.

The Eleventh Annual Meeting of the American Medical Association will be held in the City of Washington, on Tuesday, May 4th, 1858.

The Secretaries of all societies and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed; and it is earnestly desired by the Committee of Arrangements that the appointments be made at as early a period as possible.

A. J. SEMMES, M. D.,
One of the Secretaries, American Medical Association.
WASHINGTON CITY, D. C.

PROFESSORIAL CHANGE.—The January number of the Southern Medical and Surgical Journal says that Prof. Alexander Means has resigned the chair of Chemistry in the Atlanta Medical College.

EDITORIAL CHANGE.—Dr. Happoldt has retired from the editorial charge of the Charleston Medical Journal and Review, and Dr. J. Dickson Bruns has succeeded him. Although Dr. H. has not long served in the editorial harness he has done himself the highest credit, and we regret to know that he abandons the ranks. The January number of the Charleston Journal comes out under the supervision of Dr. Bruns, and if we are to judge of his capacity accordingly, we think he will succeed.

PRESENT TO THE MUSEUM OF THE NEW ORLEANS SCHOOL OF MEDICINE.—To Dr· J. L. Jones, of Mississippi, the Faculty are indebted for a fine specimen of calcareous degeneration of the ovary. An account of the case will be found in the original department of this number.

REMOVAL OF THE ENTIRE TONGUE.—"Mr. Syme has recently removed the whole tongue on account of cancer. The symphysis of the lower jaw was divided, and the tongue cut away close to the hyoid bone. Only a few ounces of blood were lost. The patient was able to walk out of the operating room, and was doing well a few days after the operation."—*Amer. Med. Monthly*, Jan. 1858.

NEW MEDICAL JOURNAL.—We learn from our exchanges that Prof. Yandell, of Louisville, Ky., contemplates starting a new medical journal.

SUCCESSFUL CÆSAREAN SECTION.—Dr. W. F. McClellan, of Council Bluffs, Iowa, reports a successful case of Cæsarean section in the January (14th) number of the Boston Medical and Surgical Journal. The patient was thirty years of age, and had had a child taken from her piecemeal five years previously. Dr. McM. encountered vaginal cicatrization (the consequence of previous laceration), and this had to be relieved with the bistoury before the finger could be passed to the os uteri. He says the pelvis was contracted at the superior strait to one and five eighths inches conjugate, and one and a half inch tranverse diameter. The operation was performed by the longitudinal incision in the direction of the linea alba. The child and placenta were extracted through the opening—the former crying lustily. On the morning of the second day the patient had a pulse of 106, with symptoms of peritonitis, but she yielded readily to treatment, milk flowed freely on the third day, and in the fourth week she was well and attending to her business.

Query—If the dimensions given by Dr. McM. are admitted to be correct, how did the first doctors manage to cut the child to pieces above the superior strait? And again, if they did cut it to pieces in any reasonable degree, how did they manage to pull the pieces through?

Finally—Is not this a very remarkable deformity—*one and five eighths inches antero-posteriorly*, and one and a *half tranversely?*

MEDICAL STUDENTS IN LONDON.—From our exchanges we learn that the number of Students in the Medical Schools in London this session is 1050. This is below the usual average, and is supposed to be attributable to the scarcity of dissecting material.

CONSOLIDATION.—Consolidation is the order of the day in Cincinnati. Not only have the two schools merged in one, but the Medical Journals have embraced each other, and henceforth we have the "Cincinnati Lancet and Observer." If there is one thing desirable amongst doctors, it is to see those who really have the interest of their common profession at heart, and who are engaged in the cultivation of medicine, on terms of peace. Emulation and rivalry are altogether unobjectionable when conducted on a fair and honorable basis, and must redound to the advantage of all concerned; while petty jealousies and bickerings are but so many obstacles in the way of those who wish to advance, and degrade medical men in the eyes of the community.

The "Lancet and Observer" may be set down as one of the very best exchanges on our table, and we wish it all the success it aspires to. Dr. Blackman has proved himself so eminently fitted for the post of editor that we part with him most reluctantly. But we know full well that his pen will not be allowed to become dry. Dr. Stevens is too well known as an editor to doubt his ability to conduct the consolidated journal, and we have every confidence that his colleague will sustain himself well.

REMEDY FOR CORNS.—From the Lancet we learn that Mr. Wakley is in the habit of treating corns with glycerine. They are first softened throroughly with the remedy, and then carefully scooped out.

BOOKS AND PAMPHLETS RECEIVED.

"Preliminary Report on the Geology and Agriculture of the State of Mississippi, by L. HARPER, L. L. D., State Geologist of Mississippi. By order of the Legislature, 1857." To Dr. S. C. Farrar, of Jackson, Miss., we are indebted for a copy of this most interesting and valuable Report. Want of space forbids our making a detailed notice of the book, but if this is only a "Preliminary Report," we should think that the State Geologist of Mississippi is indeed a working man, and will place his fellow-citizens under everlasting obligations.

"Report of the Eastern Lunatic Asylum in the city of Williamsburg, Virginia, 1855–6 and 1856–7."

"'Truth leads to Success.' An Address delivered before the Graduating Class at the Dartmouth Medical College, at Hanover, N. H., November 11th, 1857. By GEORGE H. HUBBARD, M. D., Editor of the New Hampshire Journal of Medicine." A very chaste and interesting Address.

"New York Academy of Medicine. Discussion on Puerperal Fever. Remarks by Dr. BARKER, New York, 1857." From the author. We have been very much interested in the perusal of this pamphlet, and regret that we have room for but one quotation. This, however, is *multum in parvo*, and may be taken by the young practitioner as a basis in the treatment of Puerperal Fever. Dr. Barker says: "There are no specific therapeutics for Puerperal Fever." Common sense, we say.

LIST OF PAYMENTS—*To January 27th*, 1858.—R. W. Mitchell, $5, 1857; S. L. Grier, $10, 1856-57; B. B. Wilkins, $5, 1857; Sunderland, $5, 1857; S. A. Cartwright, $5, 1857; Wilson (Havana), $10, 1857-58; J. J. McLean, $10, 1857-58; M. Schlater, $5, 1857; F. F. McMahon, $5, 1858; W. C. McGown, $5, 1857; J. A. Landry, $5, 1857; D. S. Bisland, $10, 1856-57; J. W. Crawford, $5, 1857; S. Chaille, $5, 1857; J. B. Houston, $8, to March 1st 1858, and $2 on account, 1858.

MONTHLY REPORT ON CHEMISTRY, ETC. *By I. L. Crawcour, M. D., Professor of Chemistry and Medical Jurisprudence, New Orleans School of Medicine.*

Among the many fallacies in the way of detecting sugar in the urine in cases of diabetes are the presence of urea, albumen and other organic substances, which may either mask the presence of sugar, or give rise to the suspicion of its presence, when it does not exist. Bavreswill's solution and the liquor potassæ test are especially liable to these sources of fallacy. M. Becquerel has recently examined the subject and he finds, that by adopting certain precautions, both these re-agents may be used with perfect safety.

The surest method, according to Becquerel, is as follows: We take a certain quantity of the suspected urine—say 30 grammes, to this is added a small quantity of crystallized acetate of lead—say 2 grammes, and the mixture is gently heated: there falls an abundant precipitate of a dirty white color; the liquid is filtered, and treated with an excess of sulphate of soda, say 4 grammes; this second mixture is warmed, and the sulphate of lead precipitates, the mixture is again filtered, and we obtain a clear transparent liquid, containing all the sugar and some small quantity of salts—and which neither reduces the cupro-potassic liquids, or turns caustic potash brown, unless sugar is present. These re-agents are consequently exact and faithful, and can be certainly relied upon, provided the above precautions be taken. If the urine contains albumen, the solid acetate oflead coagulates it and precipitates the other organic materials, so that one is unembarrassed by these subtsances in the search for sugar.

M. Becquerel considers there are two forms of diabetes—idiopathic diabetes, or diabetes proper, and symptomatic diabetes.

Idiopathic diabetes is characterized by the presence of a large quantity of sugar, and an increased flow of urine, accompanied by thirst and morbid appetite, as well as by a number of phenomena of more or less importance.

Symptomatic diabetes is the name given by M. Becquerel to certain diseases in which there occurs, as a consecutive and accessory phenomenon, a moderate quantity of sugar in the urine.

The characteristics of symptomatic diabetes are as follows: The quantity of sugar is always slight, rarely being over two and a half per cent., whereas in idiopathic diabetes it varies from 4, 5, 6 and even 8 per cent; the urine is never augmented in quantity; sometimes it is diminished, and its density does not rise much above the normal standard; there is neither thirst nor increased appetite, and its existence is never suspected until we are led to examine the urine. In an examination of the urine of 2000 cases, M. Becquerel found symptomatic diabetes in five cases of disease of the brain, in three cases of disease of the liver, and in several conditions of the puerperal state; in nine females recently delivered and nursing he found a moderate quantity of sugar; and he also observed the same condition in one case of cancer of the womb, and in a man suffering from chronic diarrhea. He has hitherto found no sugar in the urine of persons suffering from pulmonary emphysea, bronchitis or disease of the heart.

The injurious effects of flowers in sleeping apartments have, by many, been considered apocryphal—the following instance, of recent occurrence in Paris, will set the question at rest: A lady having bought a very large and odoriferous bouquet, placed it in her chamber, and soon after retired to rest: not waking at her usual hour, her attendants became uneasy, entered the room and found her completely unconscious; the victim of a true asphyxia produced by carbonic acid. Flowers deprived of light, and especially at night, disengage an enormous quantity of carbonic acid, and, at the same time, deprive the air of an equivalent proportion of oxygen, thus producing a double poisoning. All rooms in which flowers are placed, should be thoroughly ventilated, in order to allow the carbonic acid to escape and to favor the renewal of the oxygen consumed by the plants.

Poisoning by phosphorus, and especially by lucifer matches, having become somewhat common of late, it may be interesting to publish the mode recently employed by Mescherlech for its detection. The process he has found to be most successful consists in treating the matter with sulphuric acid and water, and subjecting the whole to distillation in a retort, which, by means of a tube bent twice at right angles, is in communication with a refrigerator placed vertically, and is connected with a receiver containing water. In the part of the tube where the vapors condense we remark in the dark, a luminous ring; 150 grains of liquid containing a thousandth per cent. of phosphorus may be reduced by distillation to 60 grains, and the light will still manifest itself. At the bottom of the receiver will be found globules of phosphorus. So delicate is this test that a solution containing only one-half millionth of its weight of phosphorus, gave the phosphoric luminosity in a most striking manner. It must be recollected that chlorine, sulphuretted hydrogen, alcohol, ether, oil of turpentine and a few other substances entirely destroy the luminous property of this substance.

All chemists are aware of the difficulty of keeping sulphate of iron in the state of a proto-salt. On this account, this, the most valuable of onr chalybeates, is frequently neglected. M. Latour finds the addition of sugar invariably prevents the peroxydation of the salt. He prepares it as follows: Dissolve 200 parts of pure proto-sulphate of iron in 100 parts of boiling distilled water; dissolve 50 parts of white sugar in 30 parts of boiling water, mix the two liquids—filter rapidly and crystallize. The crystals consist of proto-sulphate of iron and sugar in definite proportions. Every hundred parts consist of 54 to 57 of proto-sulphate of iron, 32 to 50 of water, and 12 to 93 of sugar.

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EXCERPTA.

CATHARTICS IN DYSENTERY.—*By O. C. Gibbs, M. D., Frewsbury, New York.*—At the meeting of the Buffalo Medical Association, September 2d, 1856, as per report of proceedings in the October number of the

Buffalo *Medical Journal*, a discussion took place in regard to the propriety of using cathartics in dysentery; also, the *kind* of cathartics best calculated to fulfill the indications in that disease. As this question is fairly before the readers of the journal above mentioned, we suppose it is open for the expression of opinion or experience, by any of its many readers. Hence we give expression to a few thoughts, based partially upon our individual experience, and partially upon the generally received opinions in regard to the nature of the affection under consideration. A knowledge of the nature or pathology of any disease is, perhaps, the surest guide to the appropriate indications of treatment. The public generally are apt to look upon all diseases accompanied with frequent evacuations from the bowels, as similar at least, if not identical in character. Physicians themselves are not always free from this vagueness of nomenclature. In muco-interitis, as well as milder forms of mucous irritation, each case is accompanied with a diarrhea or frequent alvine evacuations, and the public generally do not discriminate between such cases and dysentery, and we have seen physicians not unfrequently, if not guilty of the same error in diagnosis, at least of the same vagueness of nomenclature. Dysentery consists in an inflammation of the mucous membrane of the colon and rectum, and, though the evacuations may be over in ten minutes, yet, except it may be in the incipiency of the disease, they are not fœcal, but consist almost wholly of mucous and blood. Hence, though the griping pains in the abdomen and the tenesmus may be never so great, though the characteristic muco-sanguineous evacuations may be never so frequent, or the straining at stool never so persistent, the case may be accompanied with obstinate constipation. The public generally look upon the frequent bloody evacuations as constituting the whole of the disease, and, consequently, urge the importance of powerful astringents, which, if unadvised by the attending physician, they sometimes clandestinely and injuriously bring to bear upon the disease. But the physician who resorts to them, to the exclusion of evacuants, will certainly have no reason to boast of his success.

Permit us to say, that we do not propose to discuss the nature, cause, or symptoms of dysentery, nor to enter into full details of treatment. We propose only to make a brief expression of our opinion, upon the question under discussion, viz.: the propriety of cathartics in dysentery.

Some authorities have condemned the use of evacuants in dysentery, on the ground of their supposed irritating influence upon the inflamed mucous membrane. But we feel confident that, when the evacuant is judiciously selected, and repeated with due discrimination, and with proper adjuncts, its irritating influence is more fancied than real. The object of the cathartic seems, at first, to be to free the bowels from irritating secretions, and the object of their repetition is, conjoined with the above, to prevent constipation, which is the inevitable sequence of the inflammation and consequent fever. A second, and not less important object to be secured by the evacuant, is to unload the portal veins, thus diminishing congestion in that important circulatory system, and to stimulate the capillary circulation in the liver, which is often sluggish, resulting in a deficient biliary secretion.

In regard to the choice of a cathartic, there has been and is a great discrepancy of opinion. Some have advised calomel at first, to be succeeded by castor oil; others have advised castor oil from the first. Rhubarb, compound powder of jalap, cream tartar, epsom salts, Rochelle salts, etc., have all had their advocates.

We were formerly in the habit of giving, at first calomel, intimately commingled with rhubarb and a little pulverized opium, and afterwards, whenever an evacuant seemed demanded, gave castor oil, with a few drops of laudanum. But recently we have made choice of a different evacuant, and, so far, have been much pleased with the change. In the June number of the Western Lancet, for 1855, Dr. D. B. Dorsey communicated the result of twenty years' experience with a cathartic mixture, first proposed to him by Dr. Lemoyne, of Washington, Pa. Summing up his result, he said: "In a practice, not very limited, in the cities of Wheeling, Va, and Steubenville, Ohio, in the latter of which dysentery prevailed as an epidemic twice or thrice during my residence there, I had the high gratification of seeing all recover who were treated with this remedy from the commencement of the attack." With this high encomium before us, we made trial of the combination in the next case that came under our observation, and with such happy results that, except in young children, we have used it in all dysentery cases since, with success in all cases.

We quote Dr. Dorsey's formula and directions from the paper above referred to: "Take of saturated solution sulph. magnesia, *seven fluid ounces;* aromatic sulphuric acid, *one fluid ounce*—mix.

"The saturated solution is prepared by dissolving epsom salts in an equal quantity of water, *by weight,* at 60 deg. Fahrenheit. It will be ready for use in eight or ten hours. During that time it should be shaken occasionally.

"The medium dose of this medicine for an adult, is one tablespoonful, delivered with two or three ounces of water, every four to six hours, until it gently moves the bowels. It should be given regularly, and perseveringly until the bowels are manifestly under its influence, which will be evinced by feculant discharges, abatement of tenesmus and general feeling of relief. The size of the dose and time of repeating it must be varied by the practitioner's judgment, according to many circumstances, of age, violence and stage of disease, etc. Sometimes it will require two tablespoonfuls of the medicine, every three or four hours; at others a teaspoonful every six or eight hours will be sufficient.

"Accompanying each dose, when the pain and tenesmus are great, one-sixth of a grain of sulph. morph. may be given. But this remedy, also, must be varied, both in quantity and frequency of repetition, according to circumstances."

We have seldom or never exceeded tablespoonful doses, and oftener fallen below that. But instead of giving once in four or six hours throughout the twenty-four, we have usually commenced with it in the morning, to be repeated every three hours until it operates, always combined with a small quantity of morphine. This course we repeat every day so long as the indications demand. During the remainder of the twenty-four hours, we give ipecacuanha with morphine, or such other remedies as the circumstances of the case seem to require. It may not be amiss to say here that mercurials are incompatible with the mixture.

The acid doubtless stimulates the capillary circulation in the liver, promoting biilious secretion, while the sulphate of magnesia relieves the portal congestion and frees the bowels from irritating secretions. From the relief which speedily follows its action, to the tormina and tenesmus, greater than that following any other evacuant, we cannot help thinking the acid has a direct sanitary influence upon the inflamed mucous membrane.

With young children, where smallness of dose and pleasantness of taste are always considerations of much importance, the above mixture is decidedly objectionable. The taste is rather disagreeable, and the necessity for diluting the mixture, renders the bulk such as no child will readily take. In such cases we have been in the habit of scorching rhubarb, adding boiling water and extract of hyosciamus, the dose of such proportion to the age and condition of the patient, sweetening the mixture and flavoring with nitre.

This is to be given in repeated doses in the morning, sufficient to produce a laxative effect, and during the balance of the day we give hydrargyrum cum creta, in small doses, with Dover's powders, or such other medicines as the circumstances of the case may indicate.—*Buffalo Med. Journal.*

ON THE PHYSIOLOGY OF THE HUMAN EAR.—*By W. Kramer, of Berlin.*—Our knowledge of the physiology of the auditory apparatus is still very incomplete, partly on account of the difficulty of experimenting on the organs of hearing, and partly on account of the imperfection of the science of acoustics. We are happy, therefore, to record the results of the investigations of Dr. Kramer, (Deutsche Klinik, 1855,) whose vast experience in the treatment of aural affections is universally known. In reviewing the researches of his predescessors, this author points out the impossibility of determining what takes place in the living ear, from experiments on inert matter. His own experiments have been made upon the are itself, in the healthy and diseased states. It would be out of the question for us to reproduce the details of these experiments; we must be satisfied with the author's conclusions :

1. The cartilage of the ear conducts more than a third of the sonorous waves which reach the membrana tympani.
2. The concha is the most important part of the auricula cartilage.
3. The cartilage of the ear, in its natural position, simply receives and conducts the sonorous vibrations to the auditory passage.
4. The cavity of the auditory passage transmits about 500 times as many undulations as the solid parts enclosing it.
5. The curvatures of the meatus and the cerumen have no influence on the sonorous vibrations.
6. These arrangements serve to protect the canal and the membrana tympani from external agents.
7. The membrana tympani transmits the sonorous undulations in due quantity and quality, only while its structure is normal.
8. The membrana tympani also serves as a protection to the drum.
9. The ossicula have but little agency in transmitting the vibrations of members of the membrana tympani to the labyrinth. Their office is rather to support the membrane between two strata of air.
10. The membrane of the fenestra rotunda is designed especially to transmit to the labyrinth the vibrations of the tympanal cavity.
11. The mastoid cells are of trifling acoustic importance.

12. The Eustachian canal is an open tube. (Dr. Toynbee had announced a contrary opinion.)

13. Through this tube the air of the tympanum is renewed, and the sero-mucous secretion of that cavity eliminated.

14. Hearing is not entirely destroyed by the absence of the fenestra rotunda and the loss of the liquor cotunnii.—*Southern Med. and Sur. Journal.*

A Few Thoughts on some Vexed Questions in Medical Ethics. *By Samuel Henry Dixon, M. D., LL. D., Professor of Theory and Practice of Medicine in the Medical College of the State of South Carolina.*—No topic can be more interesting to the physician than the character of his profession. His hopes of usefulness, his prospect of attaining any of the objects of a laudable ambition, all depend upon the standing which his "order" may support, the position to which it is elevated in the esteem and confidence of his fellows. Without this esteem and confidence, the body to which he belongs loses all its weight; he, as an individual member of it, falls with it into imbecility. How anxiously, then, should we all labor to preserve untarnished the honor of our calling!

I offer no excuse for the following brief notice of certain late and passing events which have occurred in different portions of our country. Their remoteness from us constitutes no reason for indifference. We cannot help sharing in the evils which must follow the perpetration of wrong, or the submission to it; the falling into error, or the endorsement of it on the part of any of our brethren. It is both our right and our duty to pronounce our opinion upon any question under discussion; to announce our sentiments as to any rule laid down or position assumed; to denounce error and wrong-doing, and protest against it, and resist its continuance and extension.

I shall not repeat names, nor designate places. My object is to arrive at correct conclusions, and establish principles. This can be done efficiently by a clear statement of cases as understood, without inflicting pain or injury upon individuals, who indeed are of no sort of ultimate importance, and may be entirely ignored.

A physician, who has committed the unpardonable offense of selling formulæ or recipes empirically adapted to the cure of diseases, is by a board of trustees appointed one of the attendants on a public charity in his professional capacity. It has been made a question whether the other medical visitors are permitted by the established rules of etiquette to remain in attendance, thus receiving him among them as an associate. I reply, without hesitation, in the negative. It is not necessary to enter into any argument to prove the error of judgment committed by the individual in question; to show the disgraceful character of the alleged motives, or the inexcusable insufficiency of any plea in justification or palliation of his course in making open sale of his skill and experience to an apothecary for such sum as the latter might think them worth to him, in view of the blind and foolish trust which ignorance is apt to place in arrogant and positive pretension. Nor can the plea of repentance and contrition, and the promise of future good conduct, be allowed as of any avail. Personal considerations must be set aside here altogether. In this case, whatever we may say of other instances, the purposes of punishment are clear and obvious, and must be sternly carried out. All action on the part of the profession that is requisite to preserve us from the charge of misprision, of participation, of inattention, or indifference, becomes necessary. Our escutcheon must be kept bright. Everything must be done, too, which shall have the tendency to deter those tempted hereafter from falling into similar error, or committing similar crime. The unanimous refusal of all the reputable members of our body to mingle in attendance, or to consult with the fallen man, would reduce electors, under similar circumstances, to the alternative of dismissing the delinquent, or of filling all the vacancies with the disreputable—a course not to be thought of.—*Charleston Med. Journal and Review.*

FATAL PERICARDITIS, CAUSED BY LODGMENT OF ARTIFICIAL TEETH AND GOLD PLATE IN THE ŒSOPHAGUS.—*Reported by J. R. Buist, M.D. House Physician, Bellevue Hospital, N. Y.*—D. M———, a Scotchman, aged forty, of full muscular development, but of very intemperate habits, was admitted to Bellevue Hospital, October 1st, under the supervision of Dr. A. Clark.

His account of himself was, that on the day previous he had accidentally swallowed two of his teeth, which were then in his stomach, occasioning some pain and very uneasy sensations, in consequence of which he could neither eat nor sleep. The man, however, confessed to have been just indulging in a long debauch, and was apparently on the verge of delirium tremens; so his story was regarded as a mere whim. Besides the teeth were supposed to be natural ones, and if they should be in the stomach, it was thought that they would occasion no inconvenience. The patient was therefore allowed milk, teas, etc., and left to time. In a few days he seemed much better, the nervous tremor had subsided, he had slept some, and, at his own request, was discharged October 5th.

On the 10th he re-entered the hospital, with the symptoms at first complained of much aggravated, and persisting in his story of having swallowed his teeth. There was severe pain at the epigastrium, extending around the left side to the spinal column, accompanied with constant nausea, a disgust for all food, and an entire loss of sleep. His countenance was anxious, and of a dusky paleness; tongue coated white, and moist; skin natural; respiration a little accelerated, and the pulse in the neighborhood of 100, very small and weak. There was no marked tenderness over the chest or abdomen. On being closely questioned, he made it known, for the first time, that the *teeth* he had swallowed were artificial ones, set on gold plate, all of which had slipped down his throat while eating some soup. All that was given to him in the way of medicine or nourishment, was immediately rejected. No improvement in his condition occurred after his admission. His pulse and respiration were not at any time of marked frequency. Some thirty hours before his death he became delirious; his face was of a livid hue, and a cold sweat covered the whole body.

Death occurred at 9 A. M., October 14th. On inspection of the body, thirty hours after death, the stomach and intestinal tract were found healthy with the exception of some congestion near the pyloric orifice of the former, and a superficial ulcer, probably post-mortem, at the greater cul-de-sac. On removing the sternum, the pericardium was seen to be greatly distended, thickened and inflamed. Through an accidental opening a quantity of gas escaped, of a disagreeable, gangrenous odor. On laying the pericardium fairly open, several ounces of seemingly sero-purulent fluid, of a dark, greenish color, was seen; both of its surfaces were in parts disorganized; in other parts covered with a thick coating of lymph. Examining farther into the adjoining tissues, a foreign body was discovered in the œsophagus, two and a half inches above the stomach, which had ulcerated through into the right and posterior part of the pericardium. This proved to be the teeth and a gold plate, the latter about one and a half or two inches long, and one inch broad. The lungs were congested to the last degree; other organs not examined.

The specimen is now preserved in the museum of the hospital.—*Charleston Medical Journal and Review.*

A Case of Tetanus Relieved by Amputation.— *By W. W. Anderson, M. D., of Stateburg, S. C.*—Chavis, a strong, athletic negro man, in the prime of life, the property of Col. Richard Singleton, in the month of January, 1845, was lifting a long, heavy inch plank, with a ten-penny nail driven to the head through one end of it. The plank accidentally slipped out of his hands and fell on his foot. The nail penetrated his great toe near the joint, and between the joint and toe-nail. The next day he went to his work as usual; but a day or two afterwards his master, passing by, found him sitting by the roadside, and learning the cause of his leaving his work, ordered him to go home and poultice his foot. He did so, but continued to suffer considerable pain and uneasiness until the 15th of the same month, when I was called to see him, about five days after the accident. I found him in pain, with symptoms of approaching tetanus. An incision was made in the course of the wound, and spirits of turpentine applied. The usual remedies, such as mercurial purgatives, blisters, the free administration of opiates, etc., were followed up actively, but to no purpose. Violent spasms came on, accompanied with pain in the back of his neck, and constriction of his chest and abdomen. The spasms increased in violence and frequency every day, until the opisthotonos was so great that his head and heels were brought nearly into contact with each other during the spasms, and he was unable to swallow in the intervals of the paroxysms. So great were the debility and exhaustion, that I considered the case hopeless, and expressed this opinion to Col. Singleton, but said that I wished to try the effects of amputation, as a last resort, to which he readily consented. Having only a pocket case of instruments at hand, I rode to a carpenter's shop, not far off, and borrowed a fine tenon saw, and immediately on my return began the operation. With a bistoury I made an incision around the toe, through the skin, and immediately over the joint, dissected up the integument, and turned it back; then completed the incision to the bone, and sawed it off between the joints, tied the artery, drew down the skin and secured it with adhesive plaster. A soft compress over the stump, and bandage, completed the operation. After a little rest, he swallowed a large dose of laudanum, and was ordered to be kept as quiet as possible. I now dissected the toe, and following the course of the wound, found at the bottom of it, imbedded in the cartilage near the joint, what I at first supposed to be the point of the nail; but on further examination, it proved to be a hard piece of black leather, which had been punched from the man's shoe by the blunt nail, and deposited there. No inflammation was apparent in the cartilage; but there is little room to doubt that this minute piece of hard leather was the cause of all the mischief. In a short time after the operation the spasms began to abate, and in a day or two ceased altogether. The patient was now convalescent. The toe healed kindly, and the man recovered his usual health. I saw him from time to time afterwards, for several years, a strong, healthy negro.—*Charleston Medical Journal and Review.*

A NEW REMEDY FOR THE CURE OF EPILEPSY.—*By John G. Kyle, M. D., of Xenia, Ohio.*—Euphrasia Officinalis. Syn. Eyebright. Nat. Ord. Scrophulariacœ. Sex. Syst. Didynamia Angiospermia.—It is a small annual plant, and is found in many parts of the United States; growing most commonly in what are called beech woods. The stem is smooth, nearly erect, branching, of a light purple color, and grows from six to ten inches high. Branches pubescent, divaricate-spreading. Leaves tripleveined, marked with oblong dots and blotches, ciliate, from six to twelve lines long and one-fourth as wide, oblique on short peteoles. Flowers white, and appear in July or August.

The whole plant is used, but the root appears to be the most active. The plant should be gathered in September, and the root any time in the fall. As found in the shops, it is of a dark brown color, wrinkled, has a peculiar aromatic odor, and a bitterish astringent taste. Water extracts its virtues.

As a medical agent, the Euphrasia has heretofore been too lightly esteemed. Hooper says it "has been greatly esteemed by the common people, as a remedy for all diseases of the eyes; yet, notwithstanding this, and the encomiums of some medical writers, it is now wholly fallen into disuse." Pareira, (vol. 2, p. 306,) says it "is nearly inert, though it is a popular remedy in diseases of the eye." Dunglison says: "It is recom mended in diseases of the eye, but is unworthy of notice." In the appendix of the U. S. Dispensatory, p. 1258, we find that: "It was formerly used in various complaints, and, among the rest, in diseases of the eyes, etc. The probability is, that it is nearly inert." It has also been recommended in diseases of the mucous membrane, where astringents were indicated.

I can nowhere find any other medical properties or uses claimed for the Euphrasia than those already given.

My attention was first directed to this medicine, from seeing it used as a domestic remedy for the cure of epilepsy. Several persons were reported to have been cured by it. Among others, an intelligent lady informed me that she had a brother and a sister who both had epileptic fits—the one for eight or nine years, the other for three years and a half—who were cured by its use. Each of them had been subjected to various plans of treatment, both by regular and irregular physicians, without, however, having received permanent benefit from any source, until some person recommended the Euphrasia, the use of which cured them both, in a short time. They have had no return of the disease, several years having elapsed since their restoration to health.

These, with some other reported cases, were not sufficient to convince me that the Euphrasia was a specific for the cure of epilepsy, but they were sufficient to induce me to pay some attention to the nature, properties and effects of the remedy. And I have since, from observation, found that it is astringent, tonic, nervine, laxative and diuretic.

As epilepsy is a disease indicating the use of a remedy, or a combination of remedies, having the medical properties which I claim for the Euphrasia, I think we can prescribe it for the cure of that disease, with more hope of its being successful, than other known remedy; not empirically, but upon correct therapeutic principles.

The first case in which I had an opportunity of noticing the effect of this medicine upon an epileptic patient, occurred during the past summer and fall. A resident of this town, Mr. D. S., æt. 29, plasterer; strong and active, nervo-bilious temperament, rather irregular in his habits, though generally temperate; general health apparently good; was attacked, five years ago last summer, after a very hard day's work, with an apoplectic paroxysm. Since which time he has had a return of the paroxysms or fits every three or four weeks, sometimes having three or four in a week, until about seven months ago, when he commenced the use of the Euphrasia, and has had no fits since that time.

This man had most violent convulsions; his mind was giving way; he was more dull, stupid and unsociable, as well as more morose and peevish than was common with him. But since his release from the miserable disease which, like an incubus, had overshadowed him, and was crushing and smothering his soul within him, he rejoices as a "strong man in his strength." His minn has regained its wonted buoyancy; he is sociable and lively, and is happy in his deliverance from the effects of that most miserable of all diseases—epilepsy. He appears to be entirely well. He took ℥iv. of the infusion every morning, fasting. He took no other medicine. The medicine should be continued for a considerable length of time after the patient is apparently well.

I do not claim that the Euphrasia will cure epilepsy in all cases and under all circumstances; but, from what I already know of it, I believe that its merits and claims, as a remedy in this disease, should be thoroughly tested; and if they are as great and strong as present appearances would induce us to believe they are, then will its value be incalculable, and its benefits to poor suffering humanity inestimable.—*Western Lancet.*

CLINICAL INSTRUCTION IN GREAT BRITAIN.—From the Edinburgh Medical Journal for October, 1857, we condense the requirements in regard to clinical instruction, of the various licensing boards of the United Kingdom of Great Britain, which are authorized to confer the privilege of practicing medicine and surgery in that realm. This instruction is attended during the last two years of the student's pupilage. Usually clinical lecture on medicine, and one on surgery are delivered each week, and an hour each day is spent in the medical and another in the surgical wards of a hospital during the course.

The Edinburgh University, for the degree of M. D. requires *three months* attendance upon lectures on clinical surgery, *six months* upon lectures on clinical medicine, and *twelve months* attendance in the wards of the Medical Hospital.

The University of Glasgow, for the same degree, requires *twenty-four months* attendance upon a medical hospital, *twenty-four months* upon lectures on clinical medicine, and the same amount of time devoted to attendance upon a surgical hospital, and upon lectures on clinical surgery.

The University of Aberdeen requires *six months* attendance on lectures on clinical medicine, *three months* clinical surgery, *twenty-four months* in a medical hospital, and the same time in a surgical hospital.

The University of St. Andrews requires *six months* attendance of lectures on clinical medicine, and the same clinical surgery, and *twenty-four months* attendance in a medical and the same in a surgical hospital.

The London University requires for its full medical degree, that the candidate should have attended *twelve months* on each of the four courses of clinical instruction, viz: clinical medicine, clinical surgery, medical hospital, and surgical hospital.

The Dublin University requires, for the lowest degree of M. B., nine months attendance upon clinical medicine ; and for the surgical diploma *twenty-seven months* upon each of the courses, medical hospital, clinical medicine, surgical hospital, and clinical surgery.

The Queen's University, of Ireland, requires for the first degree, *six months* attendance on each of the above courses; and for the second degree *eighteen months* in each of the two hospitals, and the same length of time on clinical surgery.

The Royal College of Physicians, London, requires *thirty-six months* attendance upon lectures in clinical medicine, and the same length of time in a medical hospital.

The King and Queen's College of Physicians, Ireland, requires attendance upon clinical medicine and medical hospital, each *six months*, and upon clinical surgery and a surgical hospital each *twenty-four months.*

The Royal College of Surgeons, Edinburgh, requires attendance upon clinical medicine and clinical surgery, each *six months*, and the hospitals each *twenty-one months.*

The Faculty of Physicians and Surgeons, of Glasgow, requires the same.

The Royal College of Surgeons, London, requires *nine months* in clinical medicine, *twenty-seven* in clinical surgery, attendance of *one winter* and *one summer* in a medical hospital, and *three winters* and *two summers* in a surgical hospital.

The Royal College of Surgeons, Dublin, requires attendance on each of the four courses of clinical instruction before named, *twenty-seven months.*

The Apothecaries' Hall, England, requires *nine months* of clinical medicine, and *eighteen months* in a medical hospital.

The Apothecaries' Hall, Ireland, requires *eighteen months* attendance on each of the four courses.

The Army Medical Board requires, of clinical medicine and clinical surgery, each *eight months*, and attendance upon each of the hospitals *eighteen months.*

The Navy Medical Board requires the same attendance of *eighteen months* in each of the hospitals, and *six months* attendance upon each of the courses of clinical lectures.

The East India Company Medical Service requires *six months* attendance upon lectures in clinical medicine.—*Peninsular Jour. of Medicine.*

Hydatids in the Tibia.—We believe that but a single case is recorded of this rare affection implicating the tibia. If so, the case which is at present in the wards of St. Mary's Hospital becomes the more interesting, and forcibly shows that the tibia—already the seat of so many other affections—is not exempt from the invasion of parasites.

The patient is a female, twenty-eight years of age, who was admitted on the 29th of October, by name Sarah G——. She has had an enlargement of the right tibia for the last eight years, commencing from the size of a nut, and increasing to that of the palm of the hand, and originating in a blow. Four years ago she was a patient in Guy's Hospital, and left somewhat relieved. She had no pain till ten weeks ago, when the swelling ulcerated, and some hundreds of hydatids came away from the opening. This closed, and was subsequently twice opened. On her admission, the nature of the affection was seen, and on November 4, Mr. Coulson made a crucial incision over the tumor, and broke up the shell of bone forming its anterior boundary, and with a spoon scooped out multitudes of small hydatids. The cavity extended to within half an inch of the knee-joint, and on looking into this very large and now suppurating cavity on the 18th of November, we observed that a portion of the shaft of the tibia had become black and necrosed, and would have to be removed at a later period. When this bony cavity was completely laid bare, it was freely touched with nitrate of silver, and then filled with wadding and a lotion subsequently ordered of the chloruret of soda. On examining these hydatid-like animals, which was done by Dr. Sieveking, he found no echinococci, but discovered that they were acephalocysts.—*London Lancet.*

Illustrations of the Contagion of Typhus Fever.—Among the various events occurring in the course of fever, contagion has been regarded by many writers as the most important as a test for deciding the question of the duality of the disease, since, if it can be shown that the typhus and typhoid are constantly occurring together in several members of a family, the evidence would be almost conclusive in favor of their identity. No such instances, however, that we are aware of, have yet been published, while the occurrence of fever of one particular form in various members of a family is daily witnessed. This fact, however, is not of the same equivalent value in proving a difference as the opposite would be in establishing an identity; yet, even as a negative fact, it gains strength by constant repetition, and becomes at last of great value in the argument, especially when both young and old are seen to be subjects of the same form of disease, since age is considered, by the opponents of the new theory, as the great determining cause for the variety of the affection.

The cases of fever have been very carefully taken at Guy's Hospital for some years past, and in very many instances contagion has been traced; and in all these the form of disease in the subject under notice has invariably been the same as that of the persons in the residence whence the patient has come. Mr. Joyce, one of the pupils, has been for some time industriously working at the subject, and has taken the trouble in many cases to trace the disease to its source; and in one instance, he found several members of the family, including the youngest child, only four years of age, suffering from genuine typhus. As the cases afford striking examples of the effects of a specific contagious influence producing a similar set of symptoms in all who were subject to it, whether they were young children, or adults who took the fever from them, we will briefly give the particulars; the only difference being the existence of a more marked rash in the adult, and its occasional absence in the child, or, if present, its bright character and resemblance to measles.

Case I. Patrick Crook, aged 11 years, residing at 17 Peter street, Borough, was admitted into Stephen Ward on July 23, 1836, under the care of Dr. Hughes. He was taken ill about three days before admission. When admitted he was in a state of drowsy stupor; there were a few indistinct spots on the abdomen; the bowels were confined. He progressed favorably, requiring the occasional administration of purgative medicines, and left the hospital cured, on August 8.

Case II. During the time the above Patrick Crook was in the hospital, one of his sisters, Mary Crook, residing in the same house, was admitted into Mary Ward, St. Thomas's Hospital. The mother of the child stated that at the time of her daughter's admission into the above establishment, she was covered with a rash like the measles; and that a gentleman in the hospital told her, at the time of her daughter's admission, that she was suffering from measles, but on the following day she was informed that her daughter was suffering from typhus fever. She progressed favorably, and left the hospital cured, about the end of September.

Case III. On September 24, a brother of the same family was admitted into Stephen Ward, under Dr. Rees. On admission, he stated that he caught his present disease through going to visit his sister, the above Mary Crook, while she was in St. Thomas's Hospital. On admission he had been ill four days; there was no eruption to be observed; the skin was hot, face flushed; he had no sore throat; bowels confined. No fresh symptoms presented themselves, and he left the hospital cured, on October 14.

Case IV. On the 29th of October, another brother of the same family, James Crook, aged 6, was admitted into Stephen Ward, No. 8 bed, under the care of Dr. Hughes. On the 6th day before admission he first had vomiting, accompanied by slight shivering and head-ache, with a sense of feverishness; and on the following day he was unable to leave his bed, the pain in the head having become much more severe, and the feverishness having increased. At the time of his admission, his face, thorax, and abdomen, were covered with a measly looking rash, the whole of the skin of these parts was of a dirty dusky appearance, upon which were to be discovered numerous ill-defined, irregular-shaped spots of a mulberry color, coalescing in many places and forming patches; these spots were persistent on pressure, and did not feel at all elevated on passing the fingers over the skin; the tongue was covered with a white fir; bowels confined. On the day after his admission he appeared to have improved a little; the eruption on the face and trunk was fainter, but the upper extremities had become covered with a similar eruption. The bowels were relieved during the morning; the motion was of a dark color, but not at all relaxed. After this day the patient rapidly improved; the rash gradually disappeared, and he left the hospital cured, on the 21st November.

Case V. At the time of his admission, this last patient informed me that his sister, Mary Ann Crook, aged four years, was then at home ill, suffering apparently from the same disease as himself; and, upon going to the house, I found the child presenting all the symptoms of typhus fever. The abdomen was covered with the characteristic rash, the skin of the part having the usual dusky appearance. There was no eruption on the face or extremities. When the above James Crook was admitted into Stephen Ward, there were no cases of continued fever in it, the last case that was admitted being that of his brother, who was discharged cured fifteen days before the brother, James Crook, was admitted. There had not been a case of typhoid fever admitted into this ward during the previous two months.

Case VI. When the patient James Crook was admitted, he was placed in No. 8 bed. About a week before his admission a patient of the name of John Wright was admitted into the same ward, for some obscure spinal affection, and was placed in the next bed, No. 9. On the day before the patient James Crook left the hospital, John Wright presented symptoms of continued fever. He complained of great prostration and painful lassitude, constant sense of nausea, and occasional vomiting. On the following day, November 21, the above symptoms presented themselves in an increased degree; he had passed a restless night, skin hot, bowels confined.

Nov. 23d. Remains much the same; bowels have not been relieved for three days. To have a dose of aperient mixture directly. The bowels were relieved in the evening.

25th. Appears to be getting worse; he lies on his side, in a drowsy, semi-conscious looking condition; has passed a restless night; pulse 100, and irregular. Upon examining the abdomen, it was found to be covered with an eruption, consisting of distinct spots of a purple-rose color, slightly elevated, and disappearing on pressure. The whole of the skin of the abdomen has a dusky, dirty appearance, which appears to be dependant upon a subcuticular rash.

26th. His general appearance is somewhat improved; his skin is cooler; pulse 106, feeble, but more regular; the spots on the abdomen are of a deeper color, and more diffused, and no longer disappear on pressure.

27th. Not so well, appears more drowsy; the bowels have not been relieved since the 24th; his speech is indistinct, and he is a little deaf. The eruption presents about the same appearance as on the previous day.

28th. Appears to be worse; tongue dry, and covered with a brownish fur, protruded slowly, and but a short distance beyond the teeth; he lies on his back in a drowsy condition, but is aroused without much difficulty; the eruption remains unaltered; bowels regular.

December 1. He is somewhat better, tongue is moister, the rash is fainter, and has disappeared in some parts.

From this time he gradually convalesced, the eruption became less and less visable, and had disappeared entirely on the 5th, and on the 19th he was again placed under treatment for his spinal affection.

Case VII. About ten days after the above patient first presented symptoms of continued fever, the sister of the ward (who had been confined to her room with acute rheumatism) was found to have typhus fever.

Case VIII.—David Wiseman, aged 34, was admitted into Stephen Ward, No. 22, November 5, 1857, for some obscure disease of his urinary organs. On the 3d of December he complained of great nervous depression and severe headache. On the following day he appeared to be rather

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